Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

TCD HEALTH SCREENING & VACCINATION
BOOKLET 2018

ALL TCD HEALTH SCREENING REQUIREMENTS MUST BE COMPLETED BY THE 05/10/2018.

WHO SHOULD COMPLETE THIS FORM

This form should be completed by all new entrants to TCD in Dentistry, Medicine, Occupational Therapy, Physiotherapy, Radiation Therapy, Pharmacy & Pharmaceutical Sciences, Clinical Speech & Language Studies and Human Nutrition & Dietetics.

This form **SHOULD NOT** be completed by new entrants to TCD in Nursing & Midwifery. If a student from either school receives this form they should contact their school immediately.

HEALTH SCREENING AND VACCINATION REQUIREMENTS AT TCD

1. Students must return satisfactory proof from their registered GP or TCD College Health that they are not currently infected with **Hepatitis B** (core and surface) **or C**. In the case of a positive result from the above, a Hepatitis B e-antigen (HBeAG) test and a PCR test for Hepatitis C RNA with a negative result will be required

2. Students must show they have been vaccinated for **Pulmonary Tuberculosis (TB)** with evidence of a BCG scar which their registered GP or TCD College Health must record. If they do not have a visible scar their registered GP or TCD College Health will be required to facilitate a Mantoux test. If a student has difficulty obtaining a Mantoux test or if their result is positive they will be required to provide a chest X-Ray.

3. Students must ask their registered GP or TCD College Health to certify their immunity to **Chickenpox, Measles, Mumps** and **Rubella**. A blood test will be required to confirm this if no certificate of immunity is presented. A student may be requested to attend the TCD College Health to undergo vaccination for Chickenpox, Measles, Mumps and Rubella if required.

4. The University will only accept an original test result from a recognised medical establishment, stamped and authorised by a qualified official and carried out not more than nine months prior to entry. The University reserves the right in all cases to require a confirmatory test in a testing centre of its own choosing.

5. Overseas applicants are advised to undergo testing in their home country and to forward the results directly to their department of study ASAP. Incomplete documentation will not be accepted**. Failure to complete all TCD health screening requirements by the 05/10/2018 will result in a student being withdrawn from their course and a re-admission fee may apply.**

6. Precautions against infectious diseases are governed by the Blood Borne Viruses (BBV) regulations which have been agreed by the Medical Schools of Ireland and represent the consensus view of the Council of Deans of Faculties of Medical Schools in Ireland.

7. Before commencing clinical contact with patients, students may be required to undergo further testing to determine the effectiveness of their immunity to Hepatitis B. Depending on the results of the tests, students may be required to complete a series of vaccinations or obtain a booster. Full details will be provided following registration.

WHAT TO DO:

As soon as a student receives their offer they must complete the TCD health screening process and have their bloods screened as specified on '**FORM B (PARTS 1-6): THE IMMUNISATION RECORD**' section of this booklet. Students can complete this process via:

1. **TCD College Health:**

   Check-List

   - ☐ Telephone in advance to make an appointment on + 353 (1) 8961556 or + 353 (1) 8961591
   - ☐ Health screening clinics will be held from the 28/08/2018 - 21/09/2018 (Mon-Fri) 9:30AM - 12PM
   - ☐ Obtain copies of childhood BCG, MMR and Varicella records from your local HSE Immunization office
   - ☐ Print this booklet and complete the '**FORM A**' section on page 5.
   - ☐ Bring this booklet and the copies of your BCG, MMR and Varicella records to your appointment
   - ☐ TCD College Health will then complete the health screening process from start to finish

2. **A Registered GP:**

   Check-List

   - ☐ Make an appointment with your registered GP
   - ☐ Obtain copies of your childhood BCG, MMR and Varicella records from your HSE Immunization Office
   - ☐ Print this booklet and complete the '**FORM A**' section on page 5
   - ☐ Bring this booklet and the copies of your BCG, MMR and Varicella records to your appointment
   - ☐ Ask your GP to read the '**LETTER TO DOCTOR**' section of this booklet on page 4
   - ☐ He/she must send your blood samples to your regional/national virus reference laboratory for testing
   - ☐ Your GP must complete '**FORM B (PARTS 1-5)**' of this booklet on receiving your blood sample results
   - ☐ Send '**FORM A**', '**FORM B (PARTS 1-6)**' and your **official laboratory** results to your School/Department
   - ☐ You should obtain photocopies of all completed forms, laboratory results and records
   - ☐ TCD College Health must review your documentation and will then complete '**FORM B (PART 6)**'
   - ☐ This must be completed by the 05/10/2018

COSTS

The TCD College Health will charge an applicant €250 for the following service:

- ✓ Blood sample(s) required for screening
- ✓ Transportation and retrieval from the blood laboratory
- ✓ All necessary follow-up vaccinations
- ✓ Result interpretation/record on file in TCD Health Service.

This fee does not cover the Chicken-pox/Varicella-Zoster Virus (VZV) vaccination (€70 per injection) should it be required. **All costs must be met by the student.** Payment must be made payable to *College Health Service TCD* by Credit Card, Debit Card or T-Card.

Trinity College Dublin
College Green
Dublin 2

Dear Doctor

The prospective student presenting this letter has been offered a place in Trinity College Dublin which is contingent on the completion of the TCD health screening process by the **05/10/2018** Please see pages 2-3 of this booklet for full details of this process.

We would be most grateful if you could test and screen your patient as detailed and complete '**FORM B (PARTS 1-5): THE IMMUNISATION RECORD**' section of this booklet. You will need to obtain a blood sample and send it to your regional or national virus reference laboratory for testing. In the case of a positive HBsAG, Anti-HBc or Hepatitis C antibody result a Hepatitis B e-antigen (HBeAG) test and a PCR test for Hepatitis C RNA with a negative result will be required. Blood results MUST be returned to you.

It is the responsibility of the student to ensure that '**FORM A: STUDENT CONSENT**' and '**FORM B (PARTS 1-6): THE IMMUNISATION RECORD**' are returned completed as specified in this booklet along with their official laboratory results to their correct School/Department of Study to be reviewed by TCD College Health. Contact details for the all TCD Schools/Departments with health screening and vaccination requirements can be found on page 11 of this document.

Please note that the TCD health screening process must be fully completed no later than the **05/10/2018** or the prospective student will be withdrawn from their course of study and a re-admission fee may apply. We recommend that you use a trackable postal method and retain copies of tracking numbers. Responsibility for the payment of these tests rests with your patient.

Thank you for your co-operation in this matter.
Trinity College Dublin

Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

FORM A: STUDENT CONSENT (please use BLOCK CAPITALS only)	
1. Students Name: (Surname) _____ **(First Name)** _____	
2. Department Name: _____	
3. Student Number:	☐☐☐☐☐☐☐☐
4. Date of Birth:	D D M M Y Y Y Y
5. Postal Address while at TCD: DETAILS	

I hereby consent to the results of my Hepatitis B s Antigen (HBsAG), Anti HB Core Antigen (Anti-HBc) and Hepatitis C blood tests being sent directly to my Department of Study at Trinity College Dublin.

I also consent to the original documentation being held confidentially on my Department's Hepatitis B-C database and transferred to the TCD College Health Centre for safekeeping after entry where it will be held as part of my confidential medical file and may be consulted by me on request.

Signed: _____ **Date:** _____
(Prospective Student)

Note

Do not retain this form. It is the responsibility of the student to ensure that '**FORM A**' and '**FORM B (PARTS 1-6)**' are returned completed as specified in this booklet to their School/Department of Study along with their official laboratory results. Contact details for the all TCD Schools/Departments with health screening and vaccination requirements can be found on page 11 of this document.

FORM B (PART 1): STUDENT IMMUNISATION RECORD (please use BLOCK CAPITALS only)	
1. Students Name: (Surname) _____ **(First Name)** _____	
2. Student Number:	☐☐☐☐☐☐☐☐
3. Date of Birth:	D D M M Y Y Y Y
4. Postal Address while at TCD: DETAILS	
5. Telephone Number: _____	

Note

Do not retain this form. It is the responsibility of the student to ensure that '**FORM A**' and '**FORM B (PARTS 1-6)**' are returned completed as specified in this booklet to their School/Department of Study along with their official laboratory results. Contact details for the all TCD Schools/Departments with health screening and vaccination requirements can be found on page 11 of this document.

FORM B (PART 2): HEPATITIS B STATUS (Documentation is required)	
Hepatitis B Surface Anitgen (HBsAG)	
Date:	D D M M Y Y Y Y
Result:	_____

Anti HB Core Antibody (Anti-HBc)	
Date:	D D M M Y Y Y Y
Result:	_____
Hepatitis B Vaccine (please record if previously administered - 3 doses are required)	
Date of Dose 1:	D D M M Y Y Y Y
Date of Dose 2:	D D M M Y Y Y Y
Date of Dose 3:	D D M M Y Y Y Y
Latest test result of Hepatitis B immunity (HBsAB) HBsAB	
Date:	D D M M Y Y Y Y
Result:	_____
Hepatitis C Antibodies (Documentation required)	
Date:	D D M M Y Y Y Y
Result:	_____
FORM B (PART 3): PROOF OF IMMUNITY TO TUBERCULOSIS	
Is a BCG Scar present?	**Yes / No [ ]**
If BCG Scar is not present please undergo a Mantoux/Tuberculin Skin Test	
Date:	D D M M Y Y Y Y
Result:	_____

If Mantoux/Tuberculin skin test is positive with no history of a BCG scar please undergo a Chest X-Ray	
Date:	D D M M Y Y Y Y
Result:	_____
FORM B (PART 4): PROOF OF IMMUNITY TO MEASLES, MUMPS AND RUBELLA **(Students are required to have had 2 MMR vaccines. If not they will need to be tested and their titre levels provided below)**	
Measles	
Date of Vaccine 1:	D D M M Y Y Y Y
Or Titre:	_____
Date of Vaccine 2:	D D M M Y Y Y Y
Or Titre:	_____
Mumps	
Date of Vaccine 1:	D D M M Y Y Y Y
Or Titre:	_____
Date of Vaccine 2:	D D M M Y Y Y Y
Or Titre:	_____
Rubella	
Date of Vaccine 1:	D D M M Y Y Y Y
Or Titre:	_____
Date of Vaccine 2:	D D M M Y Y Y Y
Or Titre:	_____

Chicken-pox/Varicella-Zoster Virus (VZV)	
Is there a clinical history of VZV infection?	**Yes / No [ ]**
Has the potential student been vaccinated against VZV?	**Yes / No [ ]**
Date of Vaccine 1:	D D M M Y Y Y Y
Result:	_____
FORM B (PART 5): GP'S DETAILS (please use BLOCK CAPITALS only)	
Name:	_____
Telephone:	_____
Date:	D D M M Y Y Y Y
Postal Address: DETAILS	
Signature: _____ (*GP)* GP's STAMP	

FORM B (PART 6): TO BE COMPLETED BY THE TCD COLLEGE HEALTH CENTRE GP	
Appointment date or date form was received:	D D M M Y Y Y Y
Students Name: (Surname) _____ **(First Name)** _____	
Is the student cleared to proceed:	**Yes / No [ ]**
Are additional tests required:	**Yes / No [ ]**
Additional tests: DETAILS	
Department/School Name: _____	
Course Name: _____	
TCD Student Number:	

Eligibility to proceed 2018:

I wish to confirm that the following new entrant has successfully completed all screening as specified on '**FORM B (PARTS 1-6)** of this document and is therefore deemed eligible to proceed.

TCD HEALTH CENTRE STAMP

Signed: _____ **Date:** _____
(*TCD College Health Centre GP)*

TRINITY COLLEGE DUBLIN: DEPARTMENT CONTACT DETAILS	
1. Dentistry	Mandy Sentenac, School of Dental Science, Dublin Dental University Hospital, Lincoln Place, Dublin 2.
2. Medicine	Rowena Newman, Student Adminstration Executive Officer, School of Medicine, Trinity Biomedical Sciences Institute, Trinity College Dublin, 152-160 Pearse Street, Dublin 2.
3. Occupational Therapy	Eimear Lyons, Practice Education Coordinator, Discipline of Occupational Therapy, Trinity Centre for Health Sciences, St. James Hospital, James Street, Dublin 8.
4. Clinical Speech & Language Studies	Margaret Walshe (Head of Discipline) / Duana Quigley (Practice Education Co-ordinator), Discipline of Clinical Speech and Language Studies, Trinity College Dublin, 7-9 South Leinster Street, Dublin 2.
5. Physiotherapy	Lucy Alpine, Practice Education Co-ordinator, Discipline of Physiotherapy Trinity Centre for Health Sciences, St James's Hospital, James's Street Dublin 8.
6. Radiation Therapy	Module Co-ordinator JF Clinical Practice, Discipline of Radiation Therapy, Trinity Centre for Health Sciences, St James's Hospital, Dublin 8.
7. Pharmacy & Pharmaceutical Sciences	Elizabeth O'Shaughnessy, School of Pharmacy and Pharmaceutical Sciences, Trinity College, Dublin 2.
8. Human Nuitrition & Dietetics	Sheila Walshe **and** The Practice Placement Co-ordinator in Human Nutrition and Dietetics, Department of Clinical Medicine, Trinity Centre for Health Sciences, St. James' Hospital, Dublin 8.