

**HEALTH SCREENING & VACCINATION STUDENT INFORMATION BOOKLET 2024/25**

**WHAT TO DO:**

* + As soon as a student receives their offer, they must complete the Trinity College Health Screening process and have their bloods screened as specified on this form. They may attend College Health Service, in Trinity College, or a registered GP of their choice to complete this process. **To book an appointment with** **College Health Telephone on + 353 (1) 8961556 or + 353 (1) 8961591. This clinic is located on Campus in Trinity College**.

## College Health Service, Trinity College:

**Check-List**

* **You must bring either your passport or driver’s license to your Health Screening appointment This is to ensure bloodwork is Identity validated samples IVS ,** blood reports must be stamped from student health services or the GP practice where you have had your bloods done.
* **You will need to bring a passport or driver's license for identification.** This is so that the blood sample can get validated. The identification document will be photocopied, signed and dated by the clinician taking the blood on the day of testing.
  + Please obtain official copies of your childhood immunisation records prior to attendance. You may obtain these records from your local HSE immunisation office or the clinic where these immunisations were administered. If you cannot obtain these records before your appointment, you may still attend.
  + You are required to obtain vaccine records for the following, where possible:
    1. BCG immunisation record
    2. 2 records of MMR vaccine
    3. 2 records of Varicella vaccine\*
    4. \*If you have not previously received varicella vaccines, you may submit a blood test result for Varicella IgG.

**Please note**: The College Health Service is cashless, payment must be made payable to College Health Service TCD by Credit Card, Debit Card, or T-Card

* + x3 hepatitis B vaccines €120, alternatively pay separately €40 per vaccine.
  + IGRA testing ( if required ) €100
  + Varicella ( if required ) €70 per vaccine
  + MMR vaccine – free of charge (\* please bring your PPS number \*)
  + Health Screening blood samples €90

**Please note:** this is not covered by medical card. Please contact College Health for any further information on costs.

**Regarding Covid-19 vaccination:** all incoming students will be required to provide proof of vaccination to your school. Please provide your relevant school with proof of vaccination.

## A Registered GP or Occupational Health Clinic

Check-List

* + Make an appointment with your registered GP
  + Obtain copies of your childhood **BCG and MMR vaccine** records from your local Immunisation Office / GP /Vaccine clinic.
  + Bring this booklet and copies of your BCG, MMR and Varicella vaccine records to your appointment where available.
  + **You will need to bring a passport or driver's license for identification.** This is so that the blood sample can get validated. The identification document should be photocopied, signed and dated by the clinician taking the blood on the day of testing
  + Lab report/s should also be signed by the clinician, indicating that it was an “Identified validated sample”.
  + When the above is completed and you have received your blood test results, please either

1. Upload these along with your vaccine records to Team’s Health Screening portal. This can be found on the [Health Screening - Student Life - Trinity College Dublin (tcd.ie)](https://www.tcd.ie/students/orientation/health/index.php) If you have any issues regarding the portal, please contact College Health on **01 8961591, 01 8961556, 01 896 8555.**
2. Or in the case the Teams Health Screening portal is unavailable, please email the documentation to [prereg@tcd.ie](mailto:prereg@tcd.ie) **(please note: only actual lab results will be accepted for blood test results and vaccine records).**

**\*Important\* Dental Students only:** any students entering the School of Dental Science must email their immunisation records and health screening to [aisling.thompson@dental.tcd.ie](mailto:aisling.thompson@dental.tcd.ie).

## For any further questions, please contact the relevant person in your school or the College Health Service on 01 8961591, 01 8961556.

**Deadline for Health Screening to be submitted:** Your Health Screening must be completed and submitted to your school one week prior to your first hepatitis vaccination to be able to proceed with your vaccination. Please contact your School for dates, see contact information on the following page.

**Covid Vaccination:** Please provide evidence of your covid vaccination to your school, contact information on the following page.

## School Contact Information:

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| --- | --- |
| **CONTACT DETAILS FOR TRINITY SCHOOLS/DEPARTMENTS WITH HEALTH SCREENING REQUIREMENTS** | |
| **1. Dentistry** | Aisling Thompson, School Manager  School of Dental Science, Dublin Dental University Hospital, Lincoln Place, Dublin 2.  Email: [aisling.thompson@dental.tcd.ie](mailto:aisling.thompson@dental.tcd.ie) |
| **2. Medicine** | Rowena Newman, Student Adminstration Executive Officer  School of Medicine, Trinity Biomedical Sciences Institute, Trinity College Dublin, 152-160 Pearse Street, Dublin 2.  Email: [medadmin@tcd.ie](mailto:medadmin@tcd.ie) |
| **3. Occupational Therapy** | Claire Gleeson, Practice Education Coordinator  Discipline of Occupational Therapy, Trinity Centre for Health Sciences, St  James’s Hospital, James’s Street, Dublin 8.  Email: [clgleeso@tcd.ie](mailto:clgleeso@tcd.ie)  Lorna O’Shea, Regional Placement Facilitator  Discipline of Occupational Therapy, Trinity Centre for Health Sciences, St  James’s Hospital, James’s Street, Dublin 8.  Email: [rowelo@tcd.ie](mailto:rowelo@tcd.ie) |
| **4. Clinical Speech**  **& Language Studies** | Yvonne Canning, Departmental Executive Officer  Discipline of Clinical Speech and Language Studies, Trinity College Dublin, 7-9 South Leinster Street, Dublin 2.  Email: [canningy@tcd.ie](mailto:canningy@tcd.ie) |
| **5. Physiotherapy** | Cillin Condon  Discipline of Physiotherapy, Trinity Centre for Health Sciences, St James’s Hospital, James’s Street, Dublin 8.  Email: [CONDONC@tcd.ie](mailto:CONDONC@tcd.ie) |
| **6. Radiation Therapy** | Leo Arnold, Practice Education Co-Ordinator.  Discipline of Radiation Therapy, Trinity Centre for Health Sciences, St James's Hospital, Dublin 8.  Email: [arnoldle@tcd.ie](mailto:arnoldle@tcd.ie) |
| **7. Pharmacy & Pharmaceutical Sciences** | School of Pharmacy and Pharmaceutical Sciences, Trinity College Dublin, Dublin 2. Phone: +353 1 896 2809.  Email: [pharmacy@tcd.ie](mailto:pharmacy@tcd.ie) |
| **8. Social Work & Social Policy** | Jen Kelly Executive Officer  School of Social Work and Social Policy, Room 3063, Arts Building, Trinity College Dublin, Dublin 2.  Email: [swpractice.ed@tcd.ie](mailto:swpractice.ed@tcd.ie) |

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| **9. Human Nutrition & Dietetics** | Sheila Walshe, Executive Officer  Department of Clinical Medicine, Trinity Centre for Health Sciences, St.  James’ Hospital, Dublin 8. Email: [swalshe@tcd.ie](mailto:swalshe@tcd.ie) |



**INFECTIOUS DISEASE SCREENING & IMMUNISATION RECORD**

**Please note, *official lab reports and immunisation documentation must accompany this form*, we do not accept handwritten proof.**

|  |  |
| --- | --- |
| **SURNAME FIRST NAME** |  |
| **DATE OF BIRTH** |  |
| **STUDENT NUMBER** |  |
| **POSTAL ADDRESS IN IRELAND** |  |
| **MOBILE TEL NUMBER** |  |
| **EMAIL ADDRESS** |  |

**INTENDED COURSE OF STUDY**

**For Office Use only**

**ELIGIBLE TO PROCEED 2024/25**

**YES**

**or NO**

**ADDITIONAL TESTS REQUIRED**

**ADDITIONAL RECORDS REQUIRED**

# This page is to be filled out by the Doctor carrying out your Health Screening only.

# Actual blood test results and vaccines records MUST be attached/ submitted also we DO NOT accept written results.

# TB SCREENING

|  |  |
| --- | --- |
| BCG Vaccine (submit record)  **OR**  Confirmed BCG Scar on exam  **OR**  IGRA Blood test (submit result) | Vaccination Date: YES or NO  YES or NO |

**HEPATITIS B & C STATUS** (submit results)

These tests must **ALL** be completed, regardless of whether you have previously received Hep B vaccines.

|  |  |
| --- | --- |
| Hep B surface Antigen (HBsAg) | Date: |
| Hep B core Antibody (Anti-HBc) | Date: |
| Hep C Antibody | Date: |

**MMR (MUMPS, MEASLES, RUBELLA)**

Submit 2 vaccine records

|  |  |
| --- | --- |
| Dose # 1 Vaccination Date |  |
| Dose # 2 Vaccination Date |  |

**VARICELLA (CHICKENPOX)**

|  |  |
| --- | --- |
| Varicella Zoster Vaccine (submit records)  **OR**  Varicella IgG Blood test (submit result) | Dose # 1 Vaccination Date: Dose # 2 Vaccination Date:  Date**:** |

# HEPATITIS B VACCINE

Hepatitis B vaccine is not required in advance of starting your course in TCD. This will be arranged for you by your course co-ordinator. HOWEVER, if you previously had a course of Hepatitis B vaccine, please complete, and submit vaccine records & Hep B titre blood test (HBsAb) result.

|  |  |
| --- | --- |
| Dose # 1 Vaccination Date |  |
| Dose # 2 Vaccination Date |  |
| Dose # 3 Vaccination Date |  |
| Hepatitis B surface Antibody (HBsAb) |  |