



**Trinity College Dublin**

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin



HEALTH SCREENING & VACCINATION  
**BOOKLET 2018/19**



### WHO SHOULD COMPLETE THIS?

This should be completed by all new entrants to Trinity College Dublin, the University of Dublin in Dentistry, Medicine, Occupational Therapy, Physiotherapy, Radiation Therapy, Pharmacy & Pharmaceutical Sciences, Clinical Speech & Language Studies, Social Work & Social Studies and Human Nutrition & Dietetics. **All Trinity health screening requirements must be completed by the 05/10/2018.**

**Note:** This is not applicable to new entrants to Trinity in Nursing & Midwifery. Their health screening process is completed in conjunction with their health service provider. In the event this form is received please disregard.

### HEALTH SCREENING AND VACCINATION REQUIREMENTS AT TCD

1. Students must return satisfactory proof from their registered GP or Trinity 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 student must demonstrate a negative Hepatitis B e-antigen (HBeAG) and HBV-DNA viral load or a negative PCR test for Hepatitis C RNA.
2. Students must show they have been vaccinated for **Pulmonary Tuberculosis (TB)** with evidence of a BCG scar which their registered GP or Trinity College Health must record. If they do not have a visible scar their registered GP or Trinity 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 Trinity 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 Trinity College Health to undergo vaccination for Chickenpox, Measles, Mumps and Rubella if required.
4. Trinity 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 post the results directly to their department of study ASAP. Incomplete documentation will not be accepted. **Failure to complete all Trinity health screening requirements by the 05/10/2018 may result in a student being withdrawn from their course and a re-admission fee will 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 Trinity 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. Trinity 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 '**FORM A**' on page 5.
- Bring this booklet and the copies of your BCG, MMR and Varicella records to your appointment
- Trinity 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 '**FORM A**' 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 GP**' 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
- Post '**FORM A**', '**FORM B (PARTS 1-6)**' and your **official laboratory** results to your School/Department
- Please find the contact details for your School/Department on page 11
- Trinity College Health must review your documentation and complete '**FORM B (PART 6)**'
- This must be completed by the 05/10/2018

## COSTS

Trinity 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**

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

**LETTER TO GP**

Trinity College Dublin  
College Green  
Dublin 2

Dear Doctor

The prospective student presenting this letter has been offered a place in Trinity College Dublin, the University of Dublin which is contingent on the completion of the Trinity 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. Students must return satisfactory proof 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 student must demonstrate a negative Hepatitis B e-antigen (HBeAG) and HBV-DNA viral load or a negative PCR test for Hepatitis C RNA. 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 by post completed as specified in this booklet along with their official laboratory results to their correct School/Department of Study to be reviewed by Trinity College Health. Contact details for the all Trinity Schools/Departments with health screening and vaccination requirements can be found on page 11 of this document.

Please note that the Trinity health screening process must be fully completed no later than the **05/10/2018** or the prospective student may be withdrawn from their course of study and a re-admission fee will 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



FORM A: STUDENT CONSENT (please use BLOCK CAPITALS only)									
1. Students Name: (Surname)	_____								
(First Name)	_____								
2. Department Name:	_____								
3. Student Number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
4. Date of Birth:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
5. Postal Address while at TCD:									
DETAILS									
6. Contact Phone/Mobile Number:	_____								
7. Email Address:	_____								

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, the University of Dublin. I also consent to my original documentation being held confidentially on my Department's Hepatitis B-C database and transferred to Trinity 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 by post completed as specified in this booklet to their School/Department of Study along with their official laboratory results. Contact details for all Trinity Schools/Departments with health screening and vaccination requirements can be found on page 11 of this document.



<b>FORM B (PART 1): STUDENT IMMUNISATION RECORD</b> (please use BLOCK CAPITALS only)									
<b>1. Students Name: (Surname)</b> _____  <b>(First Name)</b> _____									
<b>2. Student Number:</b>	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
<b>3. Date of Birth:</b>	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<b>4. Postal Address while at TCD:</b>    <div style="text-align: center; color: grey;">DETAILS</div>									
<b>5. Contact Phone/Mobile Number:</b> _____									
<b>6. Email Address:</b> _____									

**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 by post completed as specified in this booklet to their School/Department of Study along with their official laboratory results. Contact details for all Trinity Schools/Departments with health screening and vaccination requirements can be found on page 11 of this document.

<b>FORM B (PART 2): HEPATITIS B &amp; C STATUS</b> (documentation including lab reports & results are required)									
<b>HEPATITIS B SURFACE ANTIGEN (HBsAG)</b>									
<b>Date:</b>	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">D</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> <td style="width: 20px; height: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<b>Result:</b>	_____								



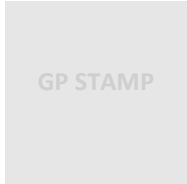
<b>ANTI HB CORE ANTIBODY (Anti-HBc)</b>									
<b>Date:</b>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<b>Result:</b>	_____								
<b>HEPATITIS B VACCINE (please record if previously administered - 3 doses are required)</b>									
<b>Date of Dose 1:</b>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<b>Date of Dose 2:</b>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<b>Date of Dose 3:</b>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<b>LATEST TEST RESULT OF HEPATITIS B IMMUNITY (HBsAB)</b>									
<b>Date:</b>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<b>Result:</b>	_____								
<b>HEPATITIS C ANTIBODIES</b>									
<b>Date:</b>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<b>Result:</b>	_____								
<b>FORM B (PART 3): PROOF OF IMMUNITY TO TUBERCULOSIS</b>									
<b>Is a BCG Scar present?</b>	<b>Yes / No [    ]</b>								
<b>MANTOUX/TUBERCULIN SKIN TEST (please undergo if a BCG scar is not present)</b>									
<b>Date:</b>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<b>Result:</b>	_____								



<b>CHEST X-RAY (please undergo if a mantoux/tuberculin skin test is positive and a BCG scar is not present)</b>									
<b>Date:</b>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<b>Result:</b>	_____								
<b>FORM B (PART 4): PROOF OF IMMUNITY TO MEASLES, MUMPS AND RUBELLA</b> (students are required to have had 2 MMR vaccines or evidence of immunity)									
<b>MEASLES</b>									
<b>Date of Vaccine 1:</b>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<b>Or Titre:</b>	_____								
<b>Date of Vaccine 2:</b>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<b>Or Titre:</b>	_____								
<b>MUMPS</b>									
<b>Date of Vaccine 1:</b>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<b>Or Titre:</b>	_____								
<b>Date of Vaccine 2:</b>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<b>Or Titre:</b>	_____								
<b>RUBELLA</b>									
<b>Date of Vaccine 1:</b>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<b>Or Titre:</b>	_____								
<b>Date of Vaccine 2:</b>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<b>Or Titre:</b>	_____								





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:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Result:	_____								
<b>FORM B (PART 5): GP'S DETAILS</b> (please use BLOCK CAPITALS only)									
Name:	_____								
Telephone:	_____								
Date:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Postal Address:									
DETAILS									
Signature: _____ (GP)									



FORM B (PART 6): TO BE COMPLETED BY THE TRINITY COLLEGE HEALTH GP									
Appointment date or date form was received:	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
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:	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>								
<p><b><u>Eligibility to proceed 2018:</u></b></p> <p>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.</p> <div style="text-align: right; border: 1px solid gray; padding: 5px; width: fit-content; margin: 0 auto;">       TRINITY COLLEGE HEALTH STAMP     </div> <p>Signed: _____ Date: _____ (Trinity College Health GP)</p>									



<b>CONTACT DETAILS FOR TRINITY SCHOOLS/DEPARTMENTS WITH HEALTH SCREENING REQUIREMENTS</b>	
<b>1. Dentistry</b>	Aisling Thompson, School of Dental Science, Dublin Dental University Hospital, Lincoln Place, Dublin 2.
<b>2. Medicine</b>	Rowena Newman, Student Administration Executive Officer, School of Medicine, Trinity Biomedical Sciences Institute, Trinity College Dublin, 152-160 Pearse Street, Dublin 2.
<b>3. Occupational Therapy</b>	Eimear Lyons, Practice Education Coordinator, Discipline of Occupational Therapy, Trinity Centre for Health Sciences, St. James Hospital, James Street, Dublin 8.
<b>4. Clinical Speech &amp; Language Studies</b>	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.
<b>5. Physiotherapy</b>	Lucy Alpine, Practice Education Co-ordinator, Discipline of Physiotherapy Trinity Centre for Health Sciences, St James's Hospital, James's Street Dublin 8.
<b>6. Radiation Therapy</b>	Module Co-ordinator JF Clinical Practice, Discipline of Radiation Therapy, Trinity Centre for Health Sciences, St James's Hospital, Dublin 8.
<b>7. Pharmacy &amp; Pharmaceutical Sciences</b>	Elizabeth O'Shaughnessy, School of Pharmacy and Pharmaceutical Sciences, Trinity College Dublin, Dublin 2.
<b>8. Social Work &amp; Social Policy</b>	Emma McConkey, Executive Officer, School of Social Work and Social Policy, Room 3063, Arts Building, Trinity College Dublin, Dublin 2.
<b>9. Human Nutrition &amp; Dietetics</b>	Sheila Walshe <b>and</b> The Practice Placement Co-ordinator in Human Nutrition and Dietetics, Department of Clinical Medicine, Trinity Centre for Health Sciences, St. James' Hospital, Dublin 8.