



Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin



HEALTH SCREENING & VACCINATION
STUDENT INFORMATION BOOKLET 2021/22



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 28 October 2021.**

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. All students, upon accepting their offer, must contact their local immunisation office, local GP or their parents as soon as possible to obtain their childhood immunisation records and then to email them to prereg@tcd.ie. The main three required are **MMR, BCG and Varicella (chicken pox)**. Dental Students only: any students entering the School of Dental Science email their immunisation records to aisling.thompson@dental.tcd.ie.

[Contact the Local Immunisation Offices – HSE.ie](#)

2. 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 antigen) **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.
3. 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 carry out an IGRA (Interferon Gamma Release Assay) test.
4. Students must ask their registered GP or Trinity College Health to certify their immunity to **Chickenpox, Measles, Mumps and Rubella (MMR)**. With regard to MMR, serology is not acceptable. The student must have evidence of 2 MMR vaccinations. Varicella serology is acceptable but, if negative, Varicella vaccination is required.
5. Students entering the following disciplines, *Medicine, Dentistry, Occupational Therapy, Physiotherapy, Clinical Speech and Language Studies, Radiation Therapy, Human Nutrition and Dietetics*, will also be required to seek vaccination against influenza each year, this may be provided by the hospitals, Trinity College Health or students own GP.
6. Regarding **Covid-19 vaccination**, all incoming students will be required to undergo a course of vaccination. Students who are eligible for vaccination, who have been offered vaccination and decline vaccination will not be assigned to clinical placements in HSE facilities. This may be reviewed as the epidemiological situation evolves.
7. 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.

8. 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 29/October/2021 may result in a student being withdrawn from their course and a re-admission fee will apply.**

9. 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.

10. 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 06 September 2021 – 11 October 2021
- 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 28 October 2021

COSTS

Trinity College Health will charge an applicant €350 (the payment of €350 will be split in to three instalments alongside your 3 college health appointments) for the following services:

- ✓ 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.

If you wish to find out more information on this, you can do so by calling 0 8961591 or 01 8961556.

Trinity College Health will charge an applicant €430 for the above services if an IGRA test is also required.

This fee does not cover the Chicken-pox/Varicella-Zoster Virus (VZV) vaccination (€70 per injection) or the flu vaccine (€20 per vaccine) 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



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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 **28 October 2021**. 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 **28 October 2021** 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 Trinity College Dublin:									
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.



FORM B (PART 1): STUDENT IMMUNISATION RECORD (please use BLOCK CAPITALS only)									
1. Students Name: (Surname) _____ (First Name) _____									
2. Student Number:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
3. 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		
4. Postal Address while at Trinity College Dublin: <p style="text-align: center;">DETAILS</p>									
5. Contact Phone/Mobile Number: _____									
6. Email Address: _____									

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.

FORM B (PART 2): HEPATITIS B & C STATUS (documentation including lab reports & results are required)									
HEPATITIS B SURFACE ANTIGEN (HBsAG)									
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		
Result:	_____								

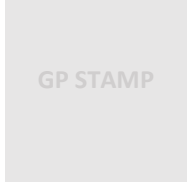


ANTI HB CORE ANTIBODY (Anti-HBc)									
Date:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Result:	_____								
HEPATITIS B VACCINE (please record if previously administered - 3 doses are required)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



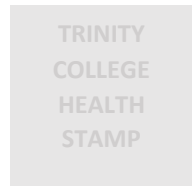
CHEST X-RAY (please undergo if an IGRA TEST is positive and a BCG scar is not present)									
Date:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Result:	_____								
FORM B (PART 4): PROOF OF IMMUNITY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



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:	_____								
FORM B (PART 5): GP'S DETAILS (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: <p style="text-align: center;">DETAILS</p>									
Department/School Name: _____									
Course Name: _____									
Trinity 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><u>Eligibility to proceed 2021:</u></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> <p>Signed: _____ Date: _____ (Trinity College Health GP)</p>									





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
2. Medicine	Rowena Newman, Student Administration Executive Officer School of Medicine, Trinity Biomedical Sciences Institute, Trinity College Dublin, 152-160 Pearse Street, Dublin 2. Email: medadmin@tcd.ie
3. Occupational Therapy	Catherine Healy, Practice Education Coordinator Discipline of Occupational Therapy, Trinity Centre for Health Sciences, St James's Hospital, James's Street, Dublin 8. Email: healyc12@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
4. Clinical Speech & Language Studies	Caroline Jagoe, Head of Discipline Discipline of Clinical Speech and Language Studies, Trinity College Dublin, 7-9 South Leinster Street, Dublin 2. Email: cjagoe@tcd.ie Duana Quigley, Practice Education Co-ordinator Discipline of Clinical Speech and Language Studies, Trinity College Dublin, 7-9 South Leinster Street, Dublin 2. Email: QUIGLED1@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
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, Dublin 2. Phone: +353 1 896 2809. Email: OSHAUGE@tcd.ie

<p>8. Social Work & Social Policy</p>	<p>Master in Social Work: Emma McConkey Senior Executive Officer School of Social Work and Social Policy, Room 3063, Arts Building, Trinity College Dublin, Dublin 2. Email: MCCONKEE@tcd.ie</p> <p>Bachelor in Social Studies : Mairead Pascoe Senior Executive Officer School of Social Work and Social Policy, Room 3063, Arts Building, Trinity College Dublin, Dublin 2. Email: Social.Studies@tcd.ie</p>
<p>9. Human Nutrition & Dietetics</p>	<p>Sheila Walshe, Executive Officer Department of Clinical Medicine, Trinity Centre for Health Sciences, St. James' Hospital, Dublin 8. Email: swalshe@tcd.ie</p>