Dear Applicant to Pharmacy,

The School of Pharmacy and Pharmaceutical Sciences at Trinity College Dublin strikes a balance between our pastoral responsibility to individual students applying for entry and our overriding duty of care to the public with whom pharmacy students are in close contact. In this context the School is obliged to ensure that reasonable and appropriate measures are taken not only to safeguard the students and their colleagues, but also the patients and members of the public.

In the interests of reducing the risk of the transmission of infectious disease from patients to students, or student to patient, all new entrants must attend their regular medical practitioner or the College Health Service prior to registration to certify their vaccination status or immunity to tuberculosis, measles, mumps, rubella and chickenpox.

In addition, new entrants must produce evidence of their hepatitis B and C status and where appropriate confirmation that they do not have active disease. Students who are hepatitis B negative but not already deemed to be immune to hepatitis B will be required to undergo a course of vaccination.

The School of Pharmacy and Pharmaceutical Sciences has arranged with the Trinity College Health Service for all CAO applicants to the Pharmacy (Integrated) programme to attend for infectious diseases screening.

Screening by Trinity College Health Service Clinics will be run at the following times:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tr>
<td>24/08/15 or 31/08/15</td>
<td>25/08/15 or 01/09/15</td>
<td>26/08/15 or 02/09/15</td>
<td>27/08/15 or 03/09/15</td>
<td>28/08/15 or 04/09/15</td>
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<tr>
<td>09 30 – 12 00</td>
<td>09 30 – 12 00</td>
<td>09 30 – 12 00</td>
<td>09 30 – 12 00</td>
<td>09 30 – 12 00</td>
</tr>
</tbody>
</table>

(Appointment to be booked by phone (01) 896-1556/1591, strictly no walk-in service)

Cost: All costs must be met by the student.

Receipt of payment must be retained as proof of payment.

Appointments may be scheduled over a number of dates.

Alternatively students may arrange screening through their own GP.
The Trinity College Health Service will charge each student €200 for the following service:

- Blood sample(s) required for screening.
- Transportation and retrieval from Blood laboratory.
- Necessary follow-up vaccinations, to include full MMR and Hepatitis B vaccinations.
- Mantoux testing, where necessary for Tuberculosis & all other tests if required for infectious diseases listed.
- Result interpretation/record on file in Trinity College Health Service.

Cost for Varicella (chicken pox) vaccine will be an additional €70 per injection should this be necessary.

Payment can be made by cash, cheque (made payable to ‘College Health Service, TCD’) or by credit/debit card.

The Trinity College Health Service will liaise with the School of Pharmacy and Pharmaceutical Sciences regarding results. Once everything is completed, you will be cleared on the system (my.tcd.ie) for registration.

**For students attending their own GP:**

Please follow the instructions outlined in the accompanying pages carefully.

NB If your GP completes your vaccination screening, the letter confirming your vaccination screening/immunisation record (page 13, 14 & 15) and your immunity status (page 16) must be returned to the School Office (Ms. Elisabeth Daly, 01-8962809), School of Pharmacy and Pharmaceutical Sciences, before you will be cleared to register.

**Warning:** Due to time constraints, and as processing of blood results may take some time, visiting your own GP may result in delayed registration.

Incomplete documentation will not be accepted and students will not be permitted to register, will not obtain their student card and email address, use the library or get connected to campus Wi-Fi until completed documentation is received, approved and students have completed registration.

If your GP completes the initial Health Screening but you would like to receive the HepB vaccination during term-time in the Trinity College Health Service, a fee of €110 will apply for the full course of HepB vaccination.
Precautions Against Infectious Diseases

CAO applicants to Pharmacy (Integrated) programme 2015-16

If visiting your own GP you must complete the following instructions as soon as possible. Do not delay.
Introduction

Precautions against infectious diseases are governed by 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.

With regard to the transmission of infectious diseases, the School of Pharmacy and Pharmaceutical Sciences at TCD strikes a balance between our pastoral responsibility to individual students applying for entry and our overriding duty of care to the public with whom physiotherapy students are in close contact. In this context, the School is obliged to ensure that reasonable and appropriate measures are taken not only to safeguard the students and their colleagues, but also the patients and members of the public.

All health care professionals have a duty of care to the public. In the interests of reducing the risk of the transmission of infectious diseases from patients to students, or student to patient, all new entrants must attend their regular medical practitioner or the Student Health Service prior to registration to certify their vaccination status or immunity to tuberculosis, measles, mumps, rubella and chickenpox. In addition, students must produce evidence of their Hepatitis B and C status and where appropriate confirmation that they do not have active disease. Students who are Hepatitis B negative but not already deemed to be immune to Hepatitis B will be required to undergo a course of vaccination.

Influenza (‘flu’) occurs seasonally and students are advised to seek flu vaccination annually at the appropriate time of the year.
VACCINATION REQUIREMENTS

All students (including international, mature and graduate entry students) on the Pharmacy (Integrated) programme must provide the School of Pharmacy and Pharmaceutical Sciences with evidence of satisfactory immunity or appropriate blood results to the following infectious disease before being cleared for registration on my.tcd.ie.

1) Hepatitis B (both Surface and Core Antigen results are mandatory)
2) Hepatitis C
3) Pulmonary Tuberculosis
4) Chickenpox
5) Measles
6) Mumps
7) Rubella

How can you meet these requirements?

Blood laboratory/Student Consent Form: Students must sign the ‘Blood Laboratory/Student Consent Form (page 12 of this document).

Only results from blood samples taken within the six months prior to August 2015 will be considered. Immediately on receipt of an offer of a place to study Pharmacy at TCD, students should make an appointment with Trinity College Health Service (01-896-1556/1591) or their GP/Medical Practitioner to request screening for Hep B and Hep C infection.

Once results are received and reviewed by your GP, request your GP to complete

1) Student Immunisation Record regarding your vaccination history to date of Pulmonary TB, Chickenpox, Measles, Mumps and Rubella (pages 13, 14 & 15) and

2) Immunity Declaration Form (page 16).

You should then return both these documents directly to:
Elizabeth Daly, School of Pharmacy and Pharmaceutical Sciences, Panoz Institute, Trinity College Dublin, Dublin 2.
Please read and if necessary give your GP/Medical Practitioner the summary list and information on page 8 & 9 of this document.

Students who are hepatitis B negative but not already deemed to be immune to hepatitis B will be required to undergo a course of vaccination. Vaccinations will be scheduled for the first term, with booster vaccinations as appropriate thereafter.

Costs must be met by the student.

NB Incomplete documentation will not be accepted and students will not be permitted to register, will not obtain their student card and email address, use the library or get connected to campus Wi-Fi until completed documentation is received, approved and students have completed registration.
Information Regarding Each Requirement

Only test results from blood samples taken in the six months prior to registration are acceptable.

1) Hepatitis B (Core & Surface) and

2) Hepatitis C

Students must return satisfactory proof that they are not currently infected with Hepatitis B or C. Students must provide results for both Hep B core and Hep B surface – there are no exceptions to this and all students who do not provide these results will have their documentation returned to them and will be delayed in their registration. If a positive Hepatitis C antibody test is returned, a negative PCR test for Hepatitis C RNA will be required. Only results from a blood sample taken in the last 6 months are acceptable.

Hepatitis B Vaccination

Students who are Hepatitis B negative but not already deemed to be immune to hepatitis B will be required to undergo a course of vaccination. During the first year of study and before commencing clinical contact with patients, students will be scheduled by the School of Pharmacy and Pharmaceutical Sciences to undergo a course of vaccinations in the College Health Centre.

NB When the course of vaccinations are completed the blood titre level will be checked to ensure appropriate levels of immunity have been achieved. Depending on the results of the titre, students may be required to complete a booster series of vaccinations. All costs must be met by the student.

A record of your vaccination history to date regarding Pulmonary TB, Chickenpox, Measles, Mumps and Rubella is required.

3) Pulmonary Tuberculosis

If you have been vaccinated for TB, you will have a ‘BCG’ scar which the College Health Service or your GP will record. If you do not have a visible scar the College Health Service or your GP will facilitate a Mantoux test. If you have difficulty obtaining a Mantoux test or your result is positive then please return a Chest X Ray for review by Trinity College Health or your GP.
4) Chickenpox  
5) Measles  
6) Mumps  
7) Rubella

If you have not undergone vaccination for Chickenpox, Measles, Mumps and Rubella, you must ask your GP to also screen you for proof of previous infection(s) to Chickenpox, Measles, Mumps and/or Rubella. If you have previously been infected with Chickenpox, Measles, Mumps and/or Rubella you will have built up a natural immunity. **A blood test is required to confirm this.**

If your blood results show that you do not have a natural immunity then you must prove that you are not currently infected with Chickenpox, Measles, Mumps or Rubella.

You will then be required to undergo a course of vaccination for Chickenpox, Measles, Mumps and Rubella. **All costs must be met by the student.**

**Blood Laboratory Form/Student Consent**

Please sign the ‘Blood Laboratory/Student Consent’ form to allow results to be returned to the Trinity College Health Service or your GP for review (page 12).
Dear Doctor,

The School of Pharmacy and Pharmaceutical Sciences, Trinity College Dublin would be most grateful if you would screen your patient for the items listed below. Students who do not have these details submitted to the School will not be permitted to register.

1) **Hepatitis B’s Antigen (HbsAG)**

2) **Anti HB Core Antigen (Anti-HBc)**

Applications **without both results** will not be accepted and are delaying the students’ registration. Hep B Core and Hep B Surface results are mandatory and strictly required.

3) **Negative Hepatitis C antibody test.**

4) **Complete the immunisation record (provided by your patient) and if necessary screen for Pulmonary Tuberculosis, Chickenpox, Measles, Mumps and Rubella.**

In regard to Pulmonary Tuberculosis, please record if the student has a visible BCG-Scar. If not, the student must undergo a Mantoux Test. If a Mantoux test is not possible or the result is found to be positive, a Chest X Ray will be required.

If the patient has not been vaccinated against Chickenpox, Measles, Mumps and Rubella please also screen your patient for previous exposure to each of these infections, i.e., titre.

Please complete and return 1) Student Immunisation Records (page 13-15) and complete, sign and stamp 2) Immunity Declaration Form (page 16) and return these forms to your patient.
Students must then return these forms to: Ms. Elizabeth Daly, School Office, School of Pharmacy and Pharmaceutical Sciences, Panoz Institute, Trinity College Dublin, Dublin 2. If you require any clarification re specific vaccination screening tests please ring College Health Service (01) 896-1556/1591.

NB On receipt of your fully completed documents, you will be cleared for registration on the TCD system. Incomplete forms cannot be processed and will be returned.

Thank you for your co-operation in this matter.
BLOOD LABORATORY FORM/STUDENT CONSENT

TO THE STUDENT:

Students’ Name: (Surname)                               (First Name)

Student Number

Address:                                                  Contact Phone/Mobile Number:

Email-address:                                           

Date of Birth : Day         Month              Year

__________________________________________________________________________

I hereby consent to the results of my Hepatitis B s Antigen (HBsAG), Anti HB Core Antigen (Anti-HBc) and Hepatitis C antibody blood tests being sent directly to Trinity College Health Service or my GP.

__________________________________________________________________________

(specify name and address of your GP or ‘Trinity College Health Service’)

This information will be held as part of my confidential medical file at the Trinity College Health Service/School of Pharmacy and Pharmaceutical Sciences for safe keeping after entry, where it will be held as part of my confidential medical file and may be consulted by me on request.

I consent to information relating to my vaccinations levels and/or copies of my vaccination results being sent to and held by Trinity College Health Service/School of Pharmacy and Pharmaceutical Sciences.

Signed: ____________________________  (Prospective Student)

Date: ____________________________
**STUDENT IMMUNISATION RECORD**

Please ask your GP/Medical Practitioner to complete this medical form for you. Please return the Student Immunisation Record and the Immunity Declaration From to the School of Pharmacy and Pharmaceutical Sciences. On receipt of both fully completed documents you will be cleared for registration on the TCD system.

Please complete this form using **BLOCK CAPITALS** only.

<table>
<thead>
<tr>
<th>Students Name: (Surname)</th>
<th>(First Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Number</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>Contact Number:</td>
</tr>
<tr>
<td></td>
<td>Email-address:</td>
</tr>
<tr>
<td>Date of Birth : Day Month Year</td>
<td></td>
</tr>
</tbody>
</table>

**Hepatitis C Status:**

<table>
<thead>
<tr>
<th>Hepatitis C antibody test</th>
<th></th>
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<tbody>
<tr>
<td>Date</td>
<td>Day Month Year</td>
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<tr>
<td></td>
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</tbody>
</table>

**Proof of Immunity to Tuberculosis:**

<table>
<thead>
<tr>
<th>BCG SCAR</th>
<th>Present? Y/N [ ]</th>
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</thead>
<tbody>
<tr>
<td>If you do not have a BCG-Scar, please undergo a Mantoux Test</td>
<td></td>
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<table>
<thead>
<tr>
<th>Mantoux Tuberculin Skin Test:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Date</td>
<td>Day Month Year</td>
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If positive Mantoux Tuberculin skin test but no history of BCG, undergo a Chest X-Ray.

<table>
<thead>
<tr>
<th>Chest X Ray:</th>
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<tbody>
<tr>
<td>Date</td>
<td>Day Month Year</td>
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</table>
Hepatitis B Status – Documentation required, including lab reports & results

<table>
<thead>
<tr>
<th>Hepatitis B s Antigen (HBsAG)</th>
<th>Date</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Result:</th>
</tr>
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<table>
<thead>
<tr>
<th>Anti HB Core Antigen (Anti-HBc)</th>
<th>Date</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Result:</th>
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<table>
<thead>
<tr>
<th>Hepatitis B Vaccine (if previously administered - three doses required)</th>
<th>Dose 1</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
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</table>

<table>
<thead>
<tr>
<th>Dose 2</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Dose 3</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>If Immune, proof of HBsAB</th>
<th>Date</th>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Result</th>
</tr>
</thead>
<tbody>
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Immunity to Measles, Mumps, Rubella and Chickenpox:

If you have had any MMR vaccinations before, please state the dates below, or state the titre if determined.

<table>
<thead>
<tr>
<th>1. Measles Vaccine:</th>
<th>2. Measles Vaccine:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Day</td>
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</table>

<table>
<thead>
<tr>
<th>1. Mumps Vaccine:</th>
<th>2. Mumps Vaccine:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Day</td>
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<table>
<thead>
<tr>
<th>1. Rubella Vaccine:</th>
<th>2. Rubella Vaccine:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Day</td>
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</table>

Is there a history of Chickenpox? _______

Titre Level _______ (This must be provided)
IMMUNITY DECLARATION FORM

To the School of Pharmacy and Pharmaceutical Sciences,

Student Name:_________________________________________________

Student Number:________________________________________________

Student Contact Phone Number:__________________________________

Date:__________________________________________________________

I hereby confirm satisfactory immunity levels/blood results to the infectious diseases outlined below have been provided for the above student.

Please tick the following boxes as appropriate.

Hep B (HBsAG & Anti-HBc) negative □
Hep C negative □
Measles immunity levels within normal range □
Mumps immunity levels within normal range □
Rubella immunity levels within normal range □
Varicella Zoster virus immunity within normal range □
Evidence of immunity to pulmonary Tuberculosis satisfactory □

Doctors Name: (Block Capitals Only)______________________________

Address:____________________________________________________

Doctor’s signature:______________________________________________

Date: ____________________________________________

GP Contact Number:

Documentation will not be accepted without an official stamp.

Vaccinations will be reviewed to ensure all documentation is appropriately completed before your name will be cleared for registration.
To Do

- Make an appointment with the Trinity College Health Service at the clinical times provided (page 1) or arrange appointment with your own GP, immediately after receiving this document (blood tests can take several weeks to obtain).

- Complete and sign the ‘Blood Lab/Student Consent’ form and give it to College Health Service or your GP. If using GP services you also give GP explanatory letter regarding blood testing.

- Ensure your 1) Student Immunisation Record and 2) Immunity Declaration Form are fully completed, signed and stamped by Trinity College Health Services or your GP.

- **Return the forms to Ms. Elizabeth Daly, School Office in the School of Pharmacy and Pharmaceutical Sciences as soon as possible. When forms are reviewed and all results are provided as requested you will be cleared on the TCD system to proceed with registration.**

Ms. Elizabeth Daly  
School Office  
School of Pharmacy and Pharmaceutical Sciences  
Panoz Institute  
Trinity College Dublin  
Dublin 2  
Tel. 01-896 2809  
Email: pharmacy@tcd.ie

If you require any clarification re specific vaccination screening tests please ring College Health Service (01) 896-1556/1591.