



UCD Health Screening - Vaccine Checklist for students entering:
All Medicine courses, Radiography, Human Nutrition & Physiotherapy.

Please bring this with you to your pre-entry screening appointment
Contact Student Health on 01-7163134 /3143 to arrange your appointment time.

Name: _____ Student Number: _____

Date of Birth: _____ (dd/mm/yy) Mobile number: 08 - _____

Screening for Blood Borne Viruses and Varicella Zoster status will be carried out within the Student Health Service as part of your compulsory pre-entry requirements. Please bring along Photo I.D. to appointment.

Do I have records of the following;	Vaccine	Date received day/month/year
1. BCG - Do I have a scar from previous BCG vaccination <i>Circle</i>	YES / NO	/ /
2. (a) Do I have a Mantoux / Tuberculin Skin test (TST) Or (b) An IGRA TB blood test. Within 12 from course start date. If the answer is NO to all of the above, discuss with medical staff at your pre-entry screening appointment with the Student Health Service in UCD.	YES / NO If Yes YES / NO If YES	Date: / / Result: mm. Date of test: / / Result:
3. MEASLES, MUMPS and RUBELLA vaccine X 2: (approximate age vaccine is given in Ireland is 12-18 months <u>and</u> 4-6 years). Evidence of 2 doses is required. (attach vaccine records). For students born in Ireland: If you do not have vaccination documentation, check with own GP or log on to http://www.hse.ie/eng/health/immunisation/ . Scroll down to “How do I” and click on “check vaccine records”. Click on “Local Health Offices” for the contact numbers to request your records. For overseas students with no records of previous MMR vaccine, please commence a vaccine course & bring these records with you, when you present for pre-entry screening.	MMR Dose 1 Dose 2	/ / / /
4. HEPATITIS B vaccine. If you had not previously had this vaccine, the vaccine course (3 doses) will be provided by Student Health. If you previously had a course of Hepatitis B vaccine, please complete: (Bring vaccine records to screening appointment)	Dose 1 Dose 2 Dose 3	/ / / / / /
5. TETANUS - DIPHTHERIA - PERTUSSIS (TdaP) (Optional – Strongly recommended before patient contact)	Last dose	/ /
6. Am I aware of my HIV status <i>Circle</i>	YES / NO	