

UNIVERSITY COLLEGE CORK

VACCINATION AND MEDICAL REPORT FORMS FOR APPLICANTS FOR ADMISSION TO THE COLLEGE OF MEDICINE AND HEALTH AT UNIVERSITY COLLEGE CORK

As soon as possible after receiving this communication please:

- Check that your personal details on the **Vaccination Report Form** and the **Medical Report Form** are correct. Please correct any details if they are incorrect and add any missing data.
- Send the **Vaccination Report Form** and the **Medical Report Form** to your Doctor and ask your Doctor to complete the Forms. Note, a physical examination is not required.
- It is vital to obtain as complete a vaccination history as possible. If your current doctor does not have your complete vaccination records these may be available from your previous GP, the hospital where you were born, the schools vaccination service or your local health clinic.
- **Varicella Zoster:** In some circumstances your Doctor may need to take a sample of your blood and to send it for Varicella Zoster (Chicken Pox) serology test

Varicella Zoster serology test **is not needed** in the following circumstances:

- i If you have a history of Chicken Pox or Shingles **or**
 - ii If you have previously been vaccinated against Varicella.
- **MMR:** Note: Blood tests for MMR Serology are **not** accepted as proof of immunity to MMR
 - **Hepatitis B:** Note: Hepatitis B antibody levels are not required in advance of your start in UCC. All students will be required to have their Hepatitis B antibody levels confirmed by UCC Student Health using an Identified Validated Sample process.
 - Please return the completed **Vaccination Report Form** and the **Medical Report Form** and copies of any Laboratory Report(s) to:

Dr Michael Byrne, Ardpatrick, Student Health, UCC, College Rd, Cork.

Failure to satisfy the Health Screening requirements may mean that UCC will not continue your registration or may withdraw your registration on the Course you have been offered.

Further details of the Infectious Disease Screening and Immunisation Policy for UCC Healthcare students can be obtained from our Website at www.ucc.ie/en/studenthealth/healthcare

VACCINATION REPORT FORM FOR APPLICANT FOR ADMISSION TO THE COLLEGE OF MEDICINE & HEALTH AT UNIVERSITY COLLEGE CORK

Completion of these forms by a qualified medical practitioner is required to ensure the safety of students and patients. Please return the completed forms and necessary reports in the enclosed envelope as soon as possible. Do NOT fax these documents.

MOBILE TEL. NO.:

DATE OF BIRTH:

UCC STUDENT NO:

**If you have previously been a registered student of UCC please enter your existing UCC Student number*

INTENDED COURSE OF STUDY:

DETAILS OF PREVIOUS VACCINATIONS RECEIVED

Please ask your Doctor to record the administration dates for all/any of the following vaccinations which you have received.

HEPATITIS B VACCINE

Hepatitis B Vaccine
Date Dose 1: DD/MM/YYYY Date Dose 2: DD/MM/YYYY Date Dose 3: DD/MM/YYYY Date Dose 4: DD/MM/YYYY

MMR VACCINE. VARICELLA ZOSTER VACCINE or HISTORY OF VARICELLA ZOSTER (VZ) or VZ SEROLOGY

MMR 1 Vaccination Date: DD/MM/YYYY
MMR 2 Vaccination Date: DD/MM/YYYY
Note blood tests for MMR Serology are not accepted as proof of immunity and are not accepted as an alternative to confirmed dates of MMR vaccination
Varicella Zoster Vaccine Vaccination Date: DD/MM/YYYY
OR
Confirmed history of Chicken Pox/Shingles YES or NO
OR
Laboratory Serology for Varicella Zoster* POS or NEG
*Not needed if previous history of Chicken Pox or Shingles or completed course of VZ Vaccine

BCG VACCINE

BCG Vaccine Vaccination Date: DD/MM/YYYY
OR
Confirmed Typical BCG Scar on examination YES or NO

NAME OF DOCTOR: _____

SIGNATURE: _____

DATE: DD/MM/YYYY

DOCTOR'S STAMP

Doctor's Stamp should be affixed here:

**STUDENTS OF
MEDICAL REPORT FOR APPLICANT FOR ADMISSION TO THE
COLLEGE OF MEDICINE & HEALTH AT UNIVERSITY COLLEGE CORK**

Completion of this form by a qualified medical practitioner is required to ensure the safety of students and patients. Please return the completed form and necessary reports in the enclosed envelope as soon as possible. Do NOT fax these documents.

MOBILE TEL. NO: 8

DATE OF BIRTH:

UCC STUDENT NO:

**If you have previously been a registered student of UCC
please enter your existing UCC Student number*

INTENDED COURSE OF STUDY:

Has the applicant had a mental illness or physical illness or infectious disease during the past 5 years? Yes or No *Please Circle*
If Yes, please indicate the nature of the illness or disease. _____

Does the applicant suffer from any known allergies? Yes or No *Please Circle*

In particular, where the applicant has a known Latex allergy, allergy to medication, food allergy or history of anaphylaxis, Please give details of known allergen(s) and reaction(s): _____

NAME OF DOCTOR: _____

SIGNATURE: _____

DATE: DD/MM/YYYY

Doctor's Stamp should be affixed here:

DOCTOR'S STAMP

CONSENT TO SHARING OF INFORMATION & SMS COMMUNICATION (TO BE SIGNED BY STUDENT)

I consent to the disclosure by the Head of Student Health Service, or his nominee to the Head of School, or his/her nominee of my Infectious Disease Screening and Immunisation status and of my attendance or non-attendance at scheduled related clinics.

Signed _____ **Date:** DD/MM/YYYY

I consent to the Student Health Department contacting me via e-mail or by SMS messaging to my Mobile Telephone number

Signed _____ **Date:** DD/MM/YYYY

STUDENTS OF
UNIVERSITY COLLEGE CORK

FEES PAYABLE FOR INFECTIOUS DISEASE SCREENING AND VACCINATION

All students In UCC College of Medicine and Health must be immunised against Hepatitis B.

All students, excepting those who have confirmed acquired natural immunity through previous infection, are also recommended to have completed full courses of vaccines against Measles, Mumps, Rubella, Varicella Zoster, and Tuberculosis.

This infectious disease screening and immunisation programme is provided by the Student Health Department, which is responsible for certifying your immunity status prior to entry into the clinical component of your course. It is essential that you fully comply with all aspects of the programme, to protect you, your future patients and the clinics and hospitals you will be attached to.

The fee for this service is to be paid by **all students*** in advance, at the commencement of the course during orientation week. This fee will cover the cost of all future Hepatitis B, Varicella Zoster, TB/BCG, and MMR screening, primary courses and boosters as required, as well as provision of personal certificates of immunity and personal and class reports of immunity status.

The Fee for this service is Euro

Payment is due in the form of Cash, Cheque or Bank Draft at Orientation

Please make cheque or bank draft payable to: UCC Student Health Department

Please write in Block Capitals on the back of the Cheque or Bank Draft:

Your Name:

Date of Birth:

CAO or UCC Student Number:

Course of Study.

Students who have been partially or fully immunised prior to entry will be entitled to apply for partial refund, payable towards the end of Year 1, on certification of their immune status by the Student Health Department.

*The Fee for Students entering under the UCC+ programme is paid by the UCC+ Office.