

## STUDENTS REGISTERING FOR COURSES REQUIRING HEPATITIS B VACCINES

During the course of your studies you may be in contact, in various clinical settings, with children or adults who have Hepatitis B. You may be exposed to blood products or body fluids containing Hepatitis B in a laboratory setting. We wish to advise you of the small risk of contacting Hepatitis B from these sources during your training. As a consequence of this, the Institute recommends that you consider being immunised against Hepatitis B. Some of you may have already received the vaccine for other courses or for travel reasons and may have had your immunity confirmed with a blood test. However, if this is not the case, we advise you to participate in the group immunisation programme organised by the Student Health Service in TU Dublin.

### **The immunisation process consists of 3 injections at intervals followed by a blood test**

- The first injection will be arranged for your class group through your course co-ordinator and Student Health Centre within the first month of starting college
- Two further vaccines will be given at one month later and six months after the first vaccination.
- It is important that you adhere to the above timelines to ensure maximum effectiveness of the vaccines.
- You will need a blood test 6-8 weeks upon completion of your last vaccine to confirm immunity. This is a very important final step as immunity cannot be confirmed or certified without checking your antibody level. Certification of immunity will be necessary for certain clinical placements or jobs.
- If you have only partially completed a course of vaccination against Hepatitis B or have done so and not had a blood test to confirm immunity or are uncertain of your status, please contact the nursing staff in the Health Centre to clarify your course of action.
- College services formerly used to subsidise the vaccination process. This is no longer the case.
- Students will be asked to pay a fee of **€90** (This includes €60 to cover the cost of the three vaccines plus €30 for their administration)
- Payment will be collected on the day of your first vaccination.
- The Nurse in the Health Centre where you attend for vaccination will follow up with the Course Co-Ordinator informing them of non-attenders for 2nd or 3rd vaccines at the end of the academic year provided you have given permission for this. However, it is your responsibility to complete the course of vaccinations.

We would ask you to find out more information on the link below and to discuss this vaccination process with your parents/guardians or General Practitioner before making a decision.

<http://www.hse.ie/eng/health/immunisation/pubinfo/babychildimm/vaccprevdisease/hepb/>

Staff in the Student Health Centre are available to answer any queries with regard to vaccination.

## Appendix 1

### CONSENT OR REFUSAL FOR HEPATITIS B

1. To be returned to the Head of School or course coordinator at the start of year.
2. Course coordinator please return this completed form to:  
**Student Health Centres:**  
**Aungier Street: Room 2051, 2nd Floor, Aungier Street, Dublin 2**  
**Grangegorman: 1st Floor, Rathdown House, Grangegorman, Dublin 1.**

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#### *HEPATITIS B VACCINATION CONSENT FORM*

#### If you wish /or do not wish to receive Hepatitis B vaccine

Please follow these instructions:

1. Please read the accompanying information on Hepatitis B
2. Fill in your personal details below.
3. **Sign your consent or refusal**
4. **Tick Yes or No to giving consent to the Health Centre contacting your Course Co-Ordinator where you do not complete your full course of vaccines.**
5. Please return this form to your Course coordinator as soon as possible whether you will be availing of the vaccine or not.
6. If you are unsure of your vaccination status or if you have had a partial course of Hep B Vaccines in the past, please present to the health centre to discuss with one of the nurses.
7. If you have received a full course of Hepatitis B Vaccinations in the past please provide proof of immunity.

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**Please Complete (BLOCK CAPS)**

Surname:	
Forename:	
DOB:	

<b>I give consent for the nurse in the Health Centre to contact my Course Co-Ordinator ONLY in relation to my non- attendance for a full course of Hep B vaccinations</b>
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<i>Please circle - Yes   or No  </i>
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**Please sign the box below as appropriate:**

<b>I have read and I understand the documentation and I DO CONSENT</b> to be vaccinated against Hepatitis B.  Signed: _____ Date: _____	<b>I have read and I understand the documentation and I DO NOT CONSENT</b> to be vaccinated against Hepatitis B.  Signed: _____ Date: _____ Reason for Not Consenting: _____
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## Appendix 2

### HEPATITIS B PERSONAL VACCINATION CONSENT FORM

If you wish to **have this vaccine**, please follow these instructions:

1. Ensure you have read the information about Hepatitis B.
2. Fill in your personal details below. This information is **confidential**.
3. Sign your consent.
4. Bring this form with you to the health center on the day of vaccination
5. Bring your student ID card with you.
6. Bring your vaccine fee. A receipt will be issued.

#### DETAILS OF PERSON TO BE VACCINATED (BLOCK CAPS)

Surname:					
Forename:					
DOB:		Age:		Sex:	
Present Address:					
Home Address: (if different from above)					
Home Phone No:					
Contact No:					
Parent/Guardian's Name:					
Course:		Class/Year:			

1. Has the person being vaccinated ever had a vaccine against Hepatitis B? Yes↑ No↑  
*If yes please give date(s) of vaccination(s):* \_\_\_\_\_

2. Has the person being vaccinated ever had a serious reaction to a previous vaccine? \* Yes↑ No↑

\* (A serious reaction includes the following: **Local**: an extensive area of redness and swelling, which became hard and involved a major part of the surface of the arm. **General**: fever equal to more than 40.5 degrees centigrade within forty eight hours of the vaccine, wheeze, swelling of the larynx or collapse. If yes please give details of the vaccine: \_\_\_\_\_

3. The Hepatitis B vaccine should not be given to pregnant women. If there is a possibility that you are pregnant you should not have the vaccine. Are you pregnant? Yes↑ No↑

4. Are you currently well? Yes↑ No↑

5. If you have had any serious illnesses in the past can you please state here.  
 \_\_\_\_\_

6. Are you taking any prescribed pills or medications other than the contraceptive pill? Yes↑ No↑  
*If yes please give the name of the medication:*  
 \_\_\_\_\_

I have read and I understand the documentation and I <b>DO CONSENT</b> to be vaccinated against Hepatitis B. Signed: _____ Date: _____	I have read and I understand the documentation and I <b>DO NOT CONSENT</b> to be vaccinated against Hepatitis B. Signed: _____ Date: _____ Reason for Not Consenting: _____
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**NB: Please bring this form to health centre on day of first vaccination**