



- ❖ PCHR Guidelines and General Information
- ❖ All Health Requirements are due by *July 15th*.
- ❖ All PCHR forms are available on the Duquesne University Health Service website.
- ❖ The Pre-Clinical Requirements Coordinator is located in Duquesne University Health Services (DUHS) Phone 412-396-1650
Fax: 412-396-5655
Email: pchr@duq.edu
Address: Duquesne University Health Services (attn. Carol Dougher, RN)
2nd Floor Union
600 Forbes Avenue
Pittsburgh PA, 15282-1920
- ❖ Duquesne University Health Services is able to provide:
 - Physical Examination \$50.00
 - PPD (two-Step) \$40.00
 - PPD (Annually) \$20.00
 - Quantiferon Gold (Q-Gold) blood test –alternative to PPD- \$90.00
 - Blood/Laboratory Testing for Immunity:
 - Available titers: Measles/Mumps/Rubella, Hepatitis B, Hepatitis C, Varicella (Chicken Pox)
- ❖ * Fees – Accepted forms of payment are cash, credit card or check payable to Duquesne University Health Service.

*Fees are subject to change
- ❖ Duquesne University Center for Pharmacy Care
 - Immunizations can be obtained through the Duquesne University Center for Pharmacy Care. Appointments for immunizations can be scheduled by calling the center at 412-396-2155 or via email at cpc@duq.edu.
 - Duquesne University Center for Pharmacy Care are providers with most major medical insurance carriers including the Student Health Insurance Plan (SHIP).
- ❖ All PCHR documents must be submitted electronically to Health Services through the HEALTH SERVICE STUDENT PORTAL
- ❖ Health Service Portal Access:
 - Log into DORI
 - In the "Services and Information" box Select HEALTH SERVICE STUDENT PORTAL
 - Follow instructions in portal



Rising Seniors
Pre-Clinical Health Requirements

All Health Requirements are due by July 15th.

Student's Name: _____

Phone: _____ Date of Birth: _____

TUBERCULOSIS SCREENING (must be done annually)

Use this form or attach a copy of the form of the facility where your PPD was given.

PPD (Mantoux) Test* Date Given: _____ (ALTERNATIVE: QUANTIFERON GOLD BLOOD TEST) PPD Date Read: _____
Induration (mm): _____ Negative Positive OR Q Gold results

Read by: (PRINT) _____ Signature: _____

Name of Facility: _____ Phone Number: _____ If

POSITIVE (10 mm. or more induration/or positive result Q Gold) please evaluate as follows:

1. Previous BCG Date: _____
2. Chest X-ray Date: _____ Results: _____ (attach copy of x-ray report)
3. INH Prophylaxis No Yes Dosage: _____ Duration: _____

Follow – up or questions may be directed to: Allegheny County Health Department
Pulmonary Center
425 First Avenue, 1st Floor
Pittsburgh, PA 15219
(412) 578-8162

TETANUS

If your last Tetanus booster was over 10 years ago, repeat and send a copy with this form.

INSTRUCTIONS

Once form is completed, all PCHR documents need to be submitted electronically to Health Services through the Health Service Student Portal - gain access by: (Log into DORI>under Service and Information tab>select "HEALTH SERVICE STUDENT PORTAL"
Follow instructions in portal

QUESTIONS ABOUT ITEMS ON HEALTH FORM

Contact: Pre-Clinical Health Requirements Coordinator (PCHR)
University Health Service
Phone: 412-396-1650
Fax: 412-396-5655
Email: pchr@duq.edu

Student should retain a copy of this completed form.

I give permission for information contained in this form to be shared with my individual school.

Student Signature _____ Date: _____



**DUQUESNE
UNIVERSITY**

SCHOOL OF NURSING

Annual Clinical Compliance

Seasonal Influenza Vaccine

Last name: _____ First name: _____ Middle initial: _____

Program: Basic BSN Second Degree BSN

Seasonal Influenza Vaccine (Must be completed by October 15th)

| | | | |
|--|------------------------|-------------|-------------------------|
| <i>Please complete and/or place sticker with information below</i> | | | |
| Name of Vaccine: _____ | Expiration Date: _____ | | |
| Manufacturer: _____ | NDC# _____ | | |
| Lot # _____ | Date given: _____ | | |
| <i>Health Care Provider Signature:</i> | | | |
| Address: _____ | | City: _____ | State: _____ Zip: _____ |
| <i>Phone number:</i> | | | |

**THIS FORM AND ALL SUPPORTING DOCUMENTS MUST BE UPLOADED TO DU HEALTH SERVICE STUDENT PORTAL
INSTRUCTIONS TO UPLOAD TO HEALTH SERVICE STUDENT PORTAL**