

**PRE-CLINICAL HEALTH REQUIREMENTS (PCHR) – DUQUESNE UNIVERSITY SCHOOL OF PHARMACY**

❖ **PCHR Guidelines and General Information**

- Academic Programs with **PCHR**:
  - Duquesne University School of Pharmacy
  - Duquesne School of Nursing
    - ◆ Undergraduate
    - ◆ Graduate
    - ◆ Second degree
  - Rangos School of Health Science
    - ◆ Athletic Training
    - ◆ Health Management Systems
    - ◆ Occupational Therapy
    - ◆ Physician Assistant
    - ◆ Physical Therapy
    - ◆ Speech, Language Pathology

- ❖ All **PCHR** forms are available on Duquesne University Health Services Web Site: <http://www.duq.edu/pchr>

❖ **The Pre-Clinical Requirements Coordinator is located in Duquesne University Health Service (DUHS)**

- Phone 412-396-1650 Fax: 412-396-5655
- Email: [pchr@duq.edu](mailto:pchr@duq.edu)
- Address: Duquesne University Health Service (attn. Carol Dougher, RN)  
2<sup>nd</sup> Floor Union  
600 Forbes Avenue  
Pittsburgh PA, 15282-1920

❖ **Schedule an appointment only for questions or concerns regarding requirements**

- Appointments can be made by calling 412-396-1650 after 8:00 AM Monday-Friday
- **What to bring (if you have already downloaded the form and collected required documents)**
  - ◆ Proof of Immunization (see individual school forms) –obtain a copy of records from your MD office(Make additional copies for your records)
  - ◆ Proof of Immune Blood tests if required by your school (see individual school forms)– obtain a copy of your lab results (Make additional copies for your records)

❖ **The Duquesne University Health Service 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
- 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.

**\*Fees – Payable by cash, check, or credit card**

**\* Fees are subject to change**

❖ **Blood Testing for Immunity (titers) - If required by your school can be obtained from:**

- Personal Physician
- Duquesne University Health Services  
Health services offers convenient testing services for a nominal individual cash fee or package pricing. Available titers: Measles/  
Mumps/Rubella, Hepatitis B, Hepatitis C, Varicella (Chicken Pox)  
Call 412-396-1650 to schedule



All PCHR documents must be submitted electronically to Health Services through the **HEALTH SERVICE STUDENT PORTAL (Log into DORI>under Services and Information tab>select "HEALTH SERVICE STUDENT PORTAL )> Follow instructions in portal**

**PRE-CLINICAL HEALTH REQUIREMENTS (PCHR) – DUQUESNE UNIVERSITY SCHOOL OF PHARMACY**

The following health requirements are mandatory for all Duquesne School of Pharmacy students prior to any experiential/clinical education course at off-site facilities. Please see Duquesne University School of Pharmacy Pre-Clinical Health Requirements form for complete criteria. Failure to complete these health requirements will be cause for refusal at practice facilities which may impede your progress in the completion of your degree. Please follow your department guidelines for deadlines.

**A. PROOF OF IMMUNIZATIONS – Obtain a copy of records from your MD office**

- MMR 2 doses, Meningitis (one MCV4 dose administered on or after the 16th birthday), Tdap, Hepatitis B 3 doses.
- Either proof of 2 doses of Varivax vaccine (chickenpox) OR a positive immune \*Varicella titer (blood test).
- COVID-19 Vaccine
- Seasonal Influenza vaccine (Due date will be determined by the department)

**B. PROOF OF IMMUNE BLOOD TESTS – OBTAIN A COPY OF YOUR LAB RESULTS.**

- MMR titers – Measles(Rubeola)IgG, Mumps IgG, Rubella IgG
- Hepatitis B Surface **Antibody**
- Varicella Titer IgG (or proof of 2 doses of Varivax vaccine)

**PLEASE UPLOAD ALL RESULTS, EVEN IF NON IMMUNE**

**C. BOOSTER DOSES IF TITER RESULTS ARE NEGATIVE**

- MMR booster if any of the MMR titers show “Non-immune” or “Equivocal” results.
- Obtain a Hepatitis B immunization and repeat the Hepatitis B Surface Antibody blood test no sooner than 4-8 weeks later for non-reactive or equivocal results. If immunity is determined, no further action would be required. However, if the test indicates that immunity is still lacking, complete the remaining 2 injections of the Hepatitis B series followed by a final blood test 4-8 weeks after the last injection.
- 2 doses of Varivax vaccine for a “Negative” or “Equivocal” Varicella result.

**D. TUBERCULIN SKIN TEST – 2-step PPD (Mantoux)**

- Initial test must be a 2-step test – 2 separate PPD skin tests done **10—21** days apart. This will involve 4 office visits. The Quantiferon Gold is an acceptable alternative to the two step Tuberculosis skin test.
- Tuberculosis screening is an annual requirement and subsequent yearly single step PPD skin tests are required. If more than 12 months have lapsed between screenings, the 2 step process must be repeated.

\*In the event the PPD (Mantoux) is unavailable or the student has had a previous reaction to the skin test, the Quantiferon Gold blood test is an acceptable alternative, (Available at Duquesne University Health Services - fee \$60)

**E. PHYSICAL EXAM**

See “Duquesne University School of Pharmacy Pre-Clinical Health Requirements” form. Physical exam may be done at an MD office, Health Service, or local “walk-in” facilities.

**PRE-CLINICAL HEALTH REQUIREMENTS (PCHR) – DUQUESNE UNIVERSITY SCHOOL OF PHARMACY**

**PART I STUDENT INFORMATION**

**PART I – TO BE COMPLETED BY STUDENT**

Student Last Name:	First Name:	MI:	Date of Birth
Program/Major:		Class Year	
Local Address:		Telephone:	
City:	State:	Zip Code	
Permanent Address:			
City:	State:	Country:	Postal Code:
Cell Phone:	School Email Address:	Personal Email Address:	

**PART II REQUIRED IMMUNIZATIONS**

**ATTACH A COPY OF YOUR IMMUNIZATION RECORD(S) SHOWING THE FOLLOWING:**

- MMR** 2 Doses
- Meningitis** Vaccine: 1 Meningococcal Conjugate (MCV4) dose on or after the 16th birthday
- Tdap** (Tetanus, Diphtheria, Acellular Pertussis): Must be within the past 10 years
- Hepatitis B** – Series of 3 injections
- Varivax** (Chickenpox) Vaccine - 2 Doses (Unless a history of chickenpox)

<input type="checkbox"/>	<b>Covid-19: Please indicate which brand received.</b> <input type="radio"/> Moderna <input type="radio"/> Pfizer <input type="radio"/> Johnson & Johnson <input type="radio"/> _____	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>
	<input type="radio"/> Exemption Request Submitted				

- ANNUAL FLU VACCINE**

**PART III REQUIRED BLOOD TESTS**

**ATTACH A COPY OF LAB REPORTS SHOWING THE FOLLOWING:**

- MMR Titers**

(Measles IgG (Rubeola), Mumps IgG, Rubella IgG)

Lab results showing “Non-immune” or “Negative” or “Equivocal” for any of the above titers require an MMR booster.

MMR Booster date \_\_\_\_\_

**PRE-CLINICAL HEALTH REQUIREMENTS (PCHR) – DUQUESNE UNIVERSITY SCHOOL OF PHARMACY**

**Hepatitis B Surface ANTIBODY titer**

A Hepatitis B Surface Antibody result of **“Non-reactive” or “Negative”** requires the following:

Obtain a Hepatitis B immunization and repeat the Hepatitis B Surface Antibody test no sooner than 4-8 weeks later. If immunity is determined, no further action would be required. However, if the test indicates that immunity is still lacking, complete the remaining 2 injections of the Hepatitis B series follow by a final blood test 4-8 weeks after the last injection.

**Varicella (chickenpox) Titer (Required if history of chickenpox disease – not necessary if record of 2 doses of Varivax vaccine)**

“Negative” or “Equivocal” results require 2 doses of vaccine 1. \_\_\_\_\_ 2. \_\_\_\_\_

**NOTE:** 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

**PART IV 2-STEP PPD TUBERCULIN TEST**

**MANDATORY 2-STEP PPD (Mantoux) TEST WITHIN THE PAST 12 MONTHS**

**Includes students who have had BCG.**

**\*A second test is to be done 10-21 days after the first test**

<b>PPD (Mantoux) Test</b>	Date Given	Date Read	Induration (mm)	Negative	Positive
Step 1					
* Step 2					

If either step is **POSITIVE (10 mm. or more induration)** 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 Dept.

Pulmonary Center  
 425 First Avenue, Pittsburgh, PA 15219 (412)578-8162

In the event the PPD (Mantoux) is unavailable or the student has had a previous reaction to the skin test, the Quantiferon Gold blood test is an acceptable alternative, if approved by the host institution.

Quantiferon Gold Date obtained \_\_\_\_\_ Negative \_\_\_\_\_ Positive \*\* \_\_\_\_\_

\*\*If positive, please evaluate as above: Follow – up with Allegheny County Health Department Pulmonary Center 425 First Avenue, Pittsburgh, PA 15219 (412)-578-8162

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**PART V PHYSICAL EXAM**

I have obtained a health history, performed a physical examination, and reviewed immunization status and laboratory results. In my estimation, this student has no physical limitations and is able to participate fully in student clinical activities in a health care or classroom setting.

**(NOTE: ANY LIMITATIONS MUST BE DESCRIBED IN AN ATTACHMENT)**

Examining Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examining Practitioner's Name: (PRINT) \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I GIVE PERMISSION FOR INFORMATION CONTAINED IN THIS FORM TO BE SHARED WITH FACULTY/STAFF OF THE DUQUESNE UNIVERSITY SCHOOL OF PHARMACY. I AUTHORIZE RELEASE OF THIS INFORMATION, UPON REQUEST, TO ANY ORGANIZATION SPONSORING AN EXPERIENTIAL ROTATION IN WHICH I PARTICIPATE. I FOREVER RELEASE & DISCHARGE DUQUESNE UNIVERSITY, THEIR RESPECTIVE EMPLOYEES AND AGENTS FROM ANY CLAIMS, DAMAGES, LOSSES, LIABILITIES, AND EXPENSES ARISING OUT OF GATHERING & REPORTING THIS INFORMATION.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

- ❖ THIS FORM AND ALL PCHR DOCUMENTS must be submitted and uploaded to Health Service electronically.
- Step 1: Please ENTER dates for the required immunizations, titers, PPD's & Physical exam through Duquesne HEALTH SERVICE STUDENT PORTAL: (Log into DORI>under Services and Information tab>select "HEALTH SERVICE STUDENT PORTAL >Follow instructions in portal)
- Step 2: You must also UPLOAD through the HEALTH SERVICE STUDENT PORTAL, your form and hard copies of all documents including physical exam statement, titer results, PPD and/or Q Gold test and immunizations with a Health Care Provider Signature on the form or alternate official documentation.  
(you may provide written proof of dates of immunization from one of the following: Official School health record, Physician record on letterhead [EHR printout from physician office records], International Health Certificate, Official state certificate, Health Passport, Baby Book.) cited: Pennsylvania Department of Health State Immunization Code 23.82

**Student should retain a copy of this completed form.**