PRE-CLINICAL HEALTH REQUIREMENTS (PCHR)-GRADUATE NURSING

 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 Service’s Web Site:
http://www.duq.edu/pchr

 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

 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)

 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- $60.00
   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
  -gain access by: (Log into DOR)>under Services and Information tab>select “HEALTH SERVICE STUDENT PORTAL
  >Follow instructions in portal)
The following health requirements are mandatory for all Graduate Nursing students prior to any experiential education course at off-site facilities.

Please see Graduate Nursing Pre-Clinical Requirements form for complete criteria. Failure to complete these health requirements will be cause for refusal at a health care facility and may impede your progress in the completion of your degree.

**YOU MUST COMPLETE THESE HEALTH REQUIREMENTS IN ORDER TO REGISTER FOR COURSES.**

**GRADUATE NURSING REQUIREMENTS**

- **A Complete Physical Examination**
  - Physical examinations may be completed at the Duquesne University Health Service or by your personal health care provider.

- **Proof of Immunizations (with dates of administration)**
  - TDAP (Tetanus, Diphtheria, Acellular Pertussis) must be within the last 10 years
  - Series of 3 Hepatitis B injections

- **Tuberculin Skin Test -PPD (Mantoux)**
  - Initial test must be a Two-Step Test (2 separate PPD skin tests done 10-21 days apart) or IGRA (Quantiferon Gold or T-Spot)
  - Subsequent yearly tests require the single step skin test

- **Blood Tests:**
  - Rubella IgG
  - Mumps IgG
  - Rubeola (Measles) IgG
  - Hepatitis B Surface Antibody (HBsAb)
  - **EITHER** Varicella IgG **OR** proof of immunization (2 doses of Varivax).

- **Booster doses if titer results are negative or equivocal**
  - MMR Booster is required 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 after injection. Only if immunity were 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.

- **Procedure for using your Personal Health Care Provider**
  - Have your provider complete the HEALTH REQUIREMENTS FORM completely.
    - **Non-immune lab tests must be followed up with the necessary immunizations immediately.**
### PART I – TO BE COMPLETED BY STUDENT

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<th>Student Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
<th>Date of Birth:</th>
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<tr>
<th>Cell Phone:</th>
<th>School Email Address:</th>
<th>Personal Email Address:</th>
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### PART II – TO BE COMPLETED BY THE EXAMINING PHYSICIAN/PRACTITIONER

#### REQUIRED IMMUNIZATIONS:

- **Tdap** - Must be within last 10 years
- **Hepatitis B**
  - Date #1
  - Date #2
  - Date #3

#### REQUIRED BLOOD TESTS:

- **Mumps IgG**
  - Test Date: 
  - Result:  
    - Positive
    - Negative – Equivocal or Negative results require an MMR booster.
    - MMR Booster Date:

- **Rubella IgG**
  - Test Date: 
  - Result:  
    - Positive
    - Negative – Equivocal Negative results require an MMR booster.
    - MMR Booster Date:

- **Rubeola (Measles) IgG**
  - Test Date: 
  - Result:  
    - Positive
    - Negative – Equivocal or Negative results require an MMR booster.
    - MMR Booster Date:

- **Varicella IgG**
  - Test not required if 2 doses of Varivax Vaccine.
  - Test Date:  
  - Result:  
    - Positive
    - Negative - Negative results require 2 doses of vaccine.
    - Varivax Dates:
      - #1:
      - #2:

- **Hepatitis B Surface Antibody (HBSAB)**
  - Test Date: 
  - Result:  
    - Reactive
    - Non-reactive
    - For Non-reactive (negative) or equivocal test results: Obtain a Hepatitis B immunization & repeat the Hepatitis B surface Antibody blood test no sooner than 4-8 weeks after injection. Only if immunity were 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.
      - Dates: 
        - #4
        - #5:  
          - Reactive
        - #6:  
          - Non-reactive

**STUDENT NAME**

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**TUBERCULIN SKIN 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*

<table>
<thead>
<tr>
<th>PPD (Mantoux) Test</th>
<th>Date Given</th>
<th>Date Read</th>
<th>Induration (mm)</th>
<th>Negative</th>
<th>Positive</th>
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<td>* Step 2</td>
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(Alternative)
Q-Gold blood test
Date Obtained | Not applicable | Not applicable

If Q Gold or if either step of PPD is **POSITIVE (10 mm. or more induration)** please evaluate as follows:

Evaluation, follow up, and questions may be directed to: Allegheny County Health Department Pulmonary Center
425 First Avenue Pittsburgh, PA 15219 (412)578-8162

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**CHEST X-RAY**: Date: Results: *(attach copy of x-ray report)*

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**INH PROPHYLAXIS**

- No
- Yes

Dosage: Duration:

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**PHYSICAL EXAMINATION**:

I have obtained a health history, performed a physical examination, & reviewed immunization status & laboratory results. In my estimation, this student has no physical, emotional, or mental limitations & 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)

Examing Physician/Practitioner’s Signature: Date: _____________

Examing Physician/Practitioner’s Name: (Please Print) ________________________________

Address: _______________________________________________________________________ Telephone: _______________

City: _______________________________________ State: ______ Zip code _____________

Student should retain a copy of this completed form.

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

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Student Signature: __________________________________________________________________ Date: _______________

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revised 2/2021
PROCEDURE FOR COMPLETED FORMS:

- 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 and immunizations with a Health Care Provider Signature on the form or 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.) cited: Pennsylvania Department of Health State Immunization Code 23.82