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 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- $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
-gain access by: (Log into DORI>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, Diptheria, Acellular Pertussis) must be within the last 10 years
  - Series of 3 Hepatitis B injections
  - COVID-19 Vaccine
  - Seasonal Influenza Vaccine

❖ **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.
# Pre-Clinical Health Requirements

## Part I – To Be Completed by Student

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<tr>
<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/Practioner

### Required Immunizations:

- **Tdap** - Must be within last 10 years
  - Date:

- **Hepatitis B**
  - Date #1
  - Date #2
  - Date #3

- **Covid-19:** Please indicate which brand received.
  - Moderna
  - Pfizer
  - Johnson & Johnson
  - Other

  - Exemption Request Submitted

- **Annual Influenza Vaccine (Due by October 15th)**
  - Date:

### 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.
  - 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 #6
  - Result: ☑ Reactive ☐ Non-reactive
**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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<tr>
<td>(Alternative) Q-Gold blood test</td>
<td>Date Obtained</td>
<td>Not applicable</td>
<td>Not applicable</td>
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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

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

*INH Prophylaxis* □ No □ Yes Dosage: Duration:

**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)*

Examining Physician/Practitioner’s Signature: __________________________ Date: ______________

Examining Physician/Practitioner's Name: (Please Print) __________________________

Address: __________________________________________ Telephone:_________________

City: __________________________ State: _____ Zip code________________

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

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.
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