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 Web Site:
http://www.duq.edu/life-at-duquesne/student-services/health-service/pre-clinical-health-requirements

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
- Address: Duquesne University Health Service (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)

The Duquesne University Health Service is able to provide:
- Physical Examination $50.00
- PPD (two-Step) $30.00
- PPD (Annually) $15.00
- 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
- Allegheny County Health Department
  4th floor of Hartley-Rose Building
  425 First Avenue, Pittsburgh, PA 15219
  (between Cherry Way and First Avenue, next to the Art Institute)
  412-578-8304 (No appointment needed) M-T-Th-F 9:00 am-4:00 pm W 1:00 pm-8:00 pm

All PCHR documents, titers, immunizations, PPO’s and Physical E must be submitted electronically to health service through the HEALTH SERVICE STUDENT PORTAL - gain access by: (Log into DORI)>select "student" from the drop down options under "Go To">select “HEALTH SERVICE STUDENT PORTAL” >Follow instructions in the 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.
### GRADUATE NURSING
### PRE-CLINICAL HEALTH REQUIREMENTS

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

<table>
<thead>
<tr>
<th>Student Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program/Major:</td>
<td>Graduation Year:</td>
<td></td>
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</tr>
<tr>
<td>Local Address:</td>
<td>Telephone:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>Zip Code:</td>
<td></td>
</tr>
<tr>
<td>Permanent Address:</td>
<td>Country:</td>
<td>Postal Code:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell Phone:</td>
<td>School Email Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Personal Email Address:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### PART II – TO BE COMPLETED BY THE EXAMINING PHYSICIAN/PRACTITIONER

**REQUIRED IMMUNIZATIONS:**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date #1</th>
<th>Date #2</th>
<th>Date #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REQUIRED BLOOD TESTS:**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Test Date:</th>
<th>Result:</th>
<th>Requirement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mumps IgG</td>
<td>Test Date:</td>
<td>Positive</td>
<td>Negative – Equivocal or Negative results require an MMR booster.</td>
</tr>
<tr>
<td></td>
<td>MMR Booster Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella IgG</td>
<td>Test Date:</td>
<td>Positive</td>
<td>Negative – Equivocal Negative results require an MMR booster.</td>
</tr>
<tr>
<td></td>
<td>MMR Booster Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubeola (Measles) IgG</td>
<td>Test Date:</td>
<td>Positive</td>
<td>Negative – Equivocal or Negative results require an MMR booster.</td>
</tr>
<tr>
<td></td>
<td>MMR Booster Date:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella IgG</td>
<td>Test Date: OR Varivax Dates: #1 #2</td>
<td>Positive</td>
<td>Negative - Negative results require 2 doses of vaccine.</td>
</tr>
<tr>
<td></td>
<td>Varivax Dates: #1: #2:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Surface Antibody (HBSAB)</td>
<td>Test Date:</td>
<td>Reactive</td>
<td>Non-reactive</td>
</tr>
<tr>
<td>For Non-reactive (negative) or equivocal test results:</td>
<td>Obtain a Hepatitis B immunization &amp; 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.</td>
<td>Dates: #4</td>
<td>Result: #5 Reactive #6 Non-reactive</td>
</tr>
</tbody>
</table>
**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>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Step 2</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(Alternative) Q-Gold blood test</td>
<td>Date Obtained</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td></td>
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</tr>
</tbody>
</table>

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 Clack Clinic
3901 Penn Ave. Pittsburgh, PA 15224 (412)578-8162

Chest X-ray Date: __________________________ Results: __________________________

*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)

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.

Student Signature: __________________________ Date: __________________________

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revised 2/2018
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: (Student logs into DORI>selects “Student” from the drop down options under “GoTo”> 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