PRE-CLINICAL HEALTH REQUIREMENTS (PCHR) - RN/BSN

❖ 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) $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
  ▪ 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 Service and Information tab> select “HEALTH SERVICE STUDENT PORTAL” > Follow instructions in portal)
The following health requirements are mandatory for all RN/BSN Nursing students prior to any experiential education course at off-site facilities. Please see RN/BSN 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.

RN/BSN 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.
# RN/BSN Nursing

## Pre-Clinical Health Requirements

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

## Required Immunizations:

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

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

## Required Blood Tests:

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Test Date:</th>
<th>Result:</th>
<th>Notes:</th>
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<tbody>
<tr>
<td><strong>Mumps IgG</strong></td>
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<tr>
<td><strong>Rubella IgG</strong></td>
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<tr>
<td><strong>Rubeola (Measles) IgG</strong></td>
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<tr>
<td><strong>Varicella IgG</strong></td>
<td>OR Varivax Dates:</td>
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<tr>
<td><strong>Hepatitis B Surface Antibody (HBSAB)</strong></td>
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<td><strong>Hepatitis B Surface Antibody (HBSAB)</strong></td>
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**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:** #1, #2

**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 1</td>
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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 Clack Clinic 3901 Penn Ave. Pittsburgh, PA 15224 (412)578-8162

**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)
Examine Physician/Practitioner’s Signature: ___________________________ Date: ______________
Examine Physician/Practitioner’s Name: (Please Print) ___________________________
Address: ___________________________ Telephone: ______________
City: ___________________________ State: ______ Zip code: ______________

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

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 UNIVERSIYT, THEIR RESPECTIVE EMPLOYEES AND AGENTS FROM ANY CLAIMS, DAMAGES, LOSSES, LIABILITIES, AND EXPENSES ARISING OUT OF GATHERING & REPORTING THIS INFORMATION.

StudentSignature ___________________________ Date: ______________
__ revised 2/2019
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 Service 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