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](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, PPD’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)
PRE-CLINICAL HEALTH REQUIREMENTS (PCHR) – RN/BSN

NURSING

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**

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

**REQUIRED IMMUNIZATIONS:**

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

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<tr>
<th>Date #1</th>
<th>Date #2</th>
<th>Date #3</th>
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**Hepatitis B**

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<th>Date #2</th>
<th>Date #3</th>
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**REQUIRED BLOOD TESTS:**

**Mumps IgG**

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<tr>
<th>Test Date:</th>
<th>Result: ☐ Positive ☐ Negative – Equivocal or Negative results require an MMR booster. MMR Booster Date:</th>
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</table>

**Rubella IgG**

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<thead>
<tr>
<th>Test Date:</th>
<th>Result: ☐ Positive ☐ Negative – Equivocal Negative results require an MMR booster. MMR Booster Date:</th>
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**Rubeola (Measles) IgG**

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<tr>
<th>Test Date:</th>
<th>Result: ☐ Positive ☐ Negative – Equivocal or Negative results require an MMR booster. MMR Booster Date:</th>
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**Varicella IgG**

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<thead>
<tr>
<th>Test Date: OR Varivax Dates: #1 #2</th>
<th>Result: ☐ Positive ☐ Negative - Negative results require 2 doses of vaccine. Varivax Dates: #1: #2:</th>
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**Hepatitis B Surface Antibody (HBSAB)**

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<tr>
<th>Test Date:</th>
<th>Result: ☐ Reactive ☐ Non-reactive For Non-reactive (negative) or equivocal test results: 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. Dates: #4 Result: #5 ☐ Reactive #6 ☐ Non-reactive</th>
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Dates: #4  

#5 ☐ Reactive  

#6 ☐ 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

**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.**

Student Signature ____________________________ Date: ___________

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