**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](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 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

<table>
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<th>Field</th>
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<td>Student Last Name</td>
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<td>Personal Email Address</td>
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### PART II – TO BE COMPLETED BY THE EXAMINING PHYSICIAN/PRACTITIONER

#### REQUIRED IMMUNIZATIONS:

- **Tdap** - Must be within last 10 years
  - Date: 
- **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 Date:  
  - OR
  - Varivax Dates:
    - #1
    - #2
  - 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
      - #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>(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

<table>
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<tr>
<th>Chest X-ray Date</th>
<th>Results</th>
<th>(attach copy of x-ray report)</th>
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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: ________________

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)” > “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