RSHS PRE-CLINICAL HEALTH REQUIREMENTS INFORMATION SHEET

The following health requirements are mandatory for all RSHS students prior to any experiential/clinical education course at off-site facilities. Please see RSHS Pre-Clinical Health Requirements Form for complete criteria. Failure to complete these health requirements will be cause for refusal at clinical facilities and may impede your progress in the completion of your degree. Please follow your individual department guidelines for deadlines.

A. PROOF OF IMMUNIZATIONS – Obtain a copy of records from your MD office
   - Required: MMR 2 doses, Meningitis, Tdap, Hepatitis B.
   - Either proof of 2 doses of Varivax vaccine (chickenpox) or a positive immune *Varicella titer (blood test).
   - Influenza vaccine (Due date will be determined by the individual department)

B. PROOF OF IMMUNITY BLOOD TESTS – OBTAIN A COPY OF YOUR LAB RESULTS.
   Required: 1. MMR titers – Measles(Rubeola) IgG, Mumps IgG, Rubella IgG
         2. Hepatitis B Surface Antibody
         3. *Varicella Titer IgG (or proof of 2 doses of Varivax vaccine)

C. BOOSTER DOSES IF TITER RESULTS ARE NEGATIVE
   - MMR booster if any of the MMR titers show “Non-immune” or “Equivocal” results.
   - Repeat Hepatitis B series of 3 injections for a “non-reactive” result on the Hepatitis B Surface Antibody blood test. The first 2 injections are given 1 month apart; the final is due 6 months after the first. A repeat Hepatitis B Surface Antibody blood test is required 6-8 weeks after the last injection.
       OR
       Have one Hepatitis B injection & a “positive” repeat Surface Antibody blood test. (If the result is “negative”, the remaining 2 doses will be required.)
   - 2 doses of Varivax vaccine for a “Negative” or “Equivocal” Varicella result.

D. TUBERCULIN SKIN TEST – 2-step PPD (Mantoux)
   Initial test must be a 2-step test – 2 separate PPD skin tests done within 3 weeks.
   Subsequent yearly PPD skin tests are required.

E. PHYSICAL EXAM
   See “RSHS Pre-Clinical Health Requirements“ Form. Physical exam may be done at an MD office, Health Service, or local “walk-in” facilities.
DU HEALTH SERVICES PROVIDES:

**TB skin tests** are available any day except Thursday for a fee of $15.00.

**Physical Exams** may be scheduled through the Health Service for a fee of $50.00. Fees are payable by CASH OR CHECK ONLY. No insurance, credit card or Flex dollars.

The required lab testing will only be done on students who elect to have the physical exam done through Health Service. The tests are done through UPMC Mercy lab. It is up to the student to check if their particular insurance plan will provide coverage.

Another option for the **blood tests** is the **Allegheny County Health Department** on Forbes Avenue in Oakland. Health insurance is not accepted for payment, however the fees are reasonable.

**Vaccines** are available through the Center for Pharmacy Care on campus in the Muldoon Building by appointment. Call 412 396-2155. Health insurance may be applied as payment.

Questions? Or to schedule an appointment at Health Service please contact:

Diane Lang RN/BSN
412 396-1652  lang@duq.edu

**ONCE INFORMATION IS COMPLETED, MAKE COPIES FOR YOUR RECORDS.**

**SEND COMPLETED FORMS TO:**

DUQUESNE UNIVERSITY HEALTH SERVICE
600 FORBES AVE. PITTSBURGH, PA 15282
FAX 412 396-5655
E-MAIL lang@duq.edu

Revised 2013
RSHS PRE-CLINICAL HEALTH REQUIREMENTS FORM

PART I STUDENT INFORMATION

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>Class Year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local Address:</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Permanent Address:</td>
<td>Zip Code</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Country:</th>
<th>Postal Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone:</td>
<td>School Email Address:</td>
<td>Personal Email Address:</td>
<td></td>
</tr>
</tbody>
</table>

PART II REQUIRED IMMUNIZATIONS

ATTACH A COPY OF YOUR IMMUNIZATION RECORD(S) SHOWING THE FOLLOWING:

- ☐ MMR 2 Doses
- ☐ Meningitis Vaccine
- ☐ Tdap (Tetanus, Diphtheria, Acellular Pertussis)
  * 1 dose must be after 2005
- ☐ Hepatitis B – Series of 3 injections
- ☐ *Varivax (Chickenpox) Vaccine - 2 Doses (Unless a history of chickenpox)
  *IF HISTORY OF CHICKENPOX DISEASE, AN IMMUNE BLOOD TEST IS REQUIRED – SEE BELOW

- ☐ ANNUAL FLU VACCINE (*Due date determined by Individual Department)

PART III REQUIRED BLOOD TESTS

ATTACH A COPY OF LAB REPORTS SHOWING THE FOLLOWING:

- ☐ MMR Titers
  (Measles IgG (Rubeola), Mumps IgG, Rubella IgG)

Lab results showing “Non-immune” or “Negative” or “Equivocal” for any of the above titers require an MMR booster.

MMR Booster date________________
☐ Hepatitis B Surface ANTIBODY

A Hepatitis B Surface Antibody result of “Non-reactive” or “Negative” requires the following:

2 OPTIONS:

1. Have a booster dose of Hepatitis B with a positive repeat Hepatitis B Surface Antibody. If the repeat result is “Negative” – 2 more doses will be required.

OR

2. Repeat the series of 3 Hepatitis B injections and a repeat Hepatitis B Surface Antibody blood test.

☐ *Varicella (chickenpox) Titer (Required if history of chickenpox disease – not necessary if record of 2 doses of Varivax vaccine)

“Negative” or “Equivocal” results require 2 doses of vaccine 1.____________  2.____________

NOTE: Vaccines are now available through the Center for Pharmacy Care on campus in the Muldoon Building by appointment. Call 412 396-2155. Your Health Insurance may be applied for payment.

PART IV 2-STEP PPD TUBERCULIN TEST

<table>
<thead>
<tr>
<th>MANDATORY 2-STEP PPD (Mantoux) TEST WITHIN THE PAST 12 MONTHS</th>
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</thead>
<tbody>
<tr>
<td>Includes students who have had BCG.</td>
</tr>
<tr>
<td>*A second test is to be done 7-21 days after the first test</td>
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</tbody>
</table>

<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>
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</tr>
</tbody>
</table>

* Step 2

If either step is POSITIVE (10 mm. or more induration) please evaluate as follows:

1. Previous BCG Date: __________________

2. Chest X-ray Date: __________________ Results: ______________________________ (attach copy of x-ray report)

3. INH Prophylaxis  □ No  □ Yes  Dosage: __________________ Duration: ________________

Follow-up or questions may be directed to: Allegheny County Health Dept. 3901 Penn Ave. Pittsburgh, PA 15224 (412) 578-8162
PART V PHYSICAL EXAM

I have obtained a health history, performed a physical examination, and reviewed immunization status and laboratory results. In my estimation, this student has no physical limitations and 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 Practitioner’s Signature: ____________________________ Date: _______________

Examining Practitioner’s Name: (PRINT) ________________________________

Address: __________________________________________________________ Telephone: ____________

City: ____________________________ State: _____ Zip Code: ________________

Please return this completed form to:
Diane Lang RN, BSN                                                    Phone: 412-396-1652
Duquesne University Health Service                                Fax: 412-396-5655
600 Forbes Avenue, Pittsburgh PA 15282                             Email: lang@duq.edu

I GIVE PERMISSION FOR INFORMATION CONTAINED IN THIS FORM TO BE SHARED WITH FACULTY/STAFF OF THE RANGOS SCHOOL OF HEALTH SCIENCES. I AUTHORIZE RELEASE OF THIS INFORMATION, UPON REQUEST, TO ANY ORGANIZATION SPONSORING AN EXPERIENTIAL ROTATION IN WHICH I PARTICIPATE. I FOREVER RELEASE & 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 ______________

Student should retain a copy of this completed form.

Revised 2013