PCHR Guidelines and General Information

- Academic Programs with PCHR:
  - Mylan 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 (T-W)
- PPD (two-Step) $30.00 (M-T-W)
- PPD (Annually) $15.00 (M-T-W)
- Quantiferon Gold (Q-Gold) blood test – alternative to PPD- $60.00
- Immunizations- Monthly clinics at DUHS (immunization fees are determined by Center for Pharmacy Care)

* Fees – Payable by cash or check only (no insurance, credit card or flex dollars) * 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 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, Diptheria, 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)
   ➢ Subsequent yearly tests only require the single test

❖ Blood Tests:
   ➢ Rubella IgG
   ➢ Mumps IgG
   ➢ Rubeola (Measles) IgG
   ➢ Hepatitis B Surface Antibody (HBsAb)
   ➢ EITHER Varicella IgG OR proof of immunization (2 doses).

❖ Procedure for Hepatitis B Immunization
   ➢ Immunization for Hepatitis B is available through:
     • Allegheny County Health Department
       3441 Forbes Avenue, Pittsburgh, PA. (412)-578-8304
     • Duquesne University Health Service
       2nd Floor Union - Monthly Immunization Clinic (412)-396-1650
     • The Center for Pharmacy Care
       Muldoon Building, 5th Avenue- by appointment (412)-396-2155

Three immunizations are required. The second immunization is given 30 days after the initial immunization, and the third is given six months after the first.
Proof of immunity is required by a blood test called a **Hepatitis B** Surface Antibody (HBsAb) titer.

- This test must be done no sooner than 6 weeks following the third immunization or anytime thereafter.
  - If the antibody titers are negative or non-reactive, the patient is determined to be non-immune to Hepatitis B. The complete series of 3 immunizations **AND** a second Hepatitis B Surface Antibody (HBsAb) titer must be repeated. **THE ENTIRE PROCESS WILL REQUIRE A MINIMUM OF 10 TO 11 MONTHS TO COMPLETE.**
  - If the patient is determined to be non-immune **following the second Hepatitis B series**, no further immunizations will be required.

**Procedure for Duquesne University Health Service**

- The Duquesne University Health Service is able to provide the physical examinations.
  - **Make an appointment**
    - Contact to schedule –412-396-1650
  - **What to bring?**
    - *Fees – Payable by cash or check only (no insurance, credit card or flex dollars)*
    - Physical Examination $50.00
    - PPD (two-Step) $30.00
    - PPD (Annually) $15.00* *Fees are subject to change
    - Quantiferon Gold (Q Gold) blood test* $60.00
    - *alternative to PPD skin test

**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.**

**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, Baby Book.) cited: Pennsylvania Department of Health State Immunization Code 23.82
# 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program/Major:</th>
<th>Graduation Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Local Address:</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>Zip Code:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Permanent Address:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>State:</td>
<td>Country:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cell Phone:</th>
<th>School Email Address:</th>
<th>Personal Email Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

#### REQUIRED IMMUNIZATIONS:

<table>
<thead>
<tr>
<th>Immunization</th>
<th>Requirement</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tdap</td>
<td>Must be within last 10 years</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Date #1</td>
<td>Date #2</td>
</tr>
</tbody>
</table>

#### REQUIRED BLOOD TESTS:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Test</th>
<th>Date</th>
<th>Result</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mumps IgG</td>
<td>Test Date</td>
<td></td>
<td>Positive</td>
<td>Negative - Negative results require an MMR booster.</td>
</tr>
<tr>
<td></td>
<td>MMR Booster Date:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella IgG</td>
<td>Test Date</td>
<td></td>
<td>Positive</td>
<td>Negative - Negative results require an MMR booster.</td>
</tr>
<tr>
<td></td>
<td>MMR Booster Date:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubeola (Measles) IgG</td>
<td>Test Date</td>
<td></td>
<td>Positive</td>
<td>Negative - Negative results require an MMR booster.</td>
</tr>
<tr>
<td></td>
<td>MMR Booster Date:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella IgG</td>
<td>Test Date OR Varivax Dates: #1 #2</td>
<td></td>
<td>Positive</td>
<td>Negative - Negative results require 2 doses of vaccine.</td>
</tr>
<tr>
<td></td>
<td>Varivax Dates: #1:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Varivax Dates: #2:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B Surface Antibody (HBSAB)</td>
<td>Test Date</td>
<td></td>
<td>Positive</td>
<td>Non-reactive</td>
</tr>
<tr>
<td></td>
<td>*Non-reactive (negative) test results require repeat of Hepatitis B series of 3 injections and repeat HBSAB.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Repeat Hepatitis B Series Dates: #4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>#5</td>
<td>Reactive</td>
<td>Non-reactive</td>
<td></td>
</tr>
<tr>
<td></td>
<td>#6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# 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>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Alternative)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q-Gold blood test

Date Obtained: Not applicable

Not applicable

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: (PRINT) __________________________

Address: __________________________ Telephone: __________________________

City: __________________________ State: _____ Zip code: __________________________

**INSTRUCTIONS**

This form and ALL PCHR documents must be submitted (uploaded) to Health Service ELECTRONICALLY.

**QUESTIONS ABOUT ITEMS ON HEALTH FORM**

Pre-Clinical Requirements Coordinator:
Carol Dougher, RN

Duquesne University Health Service
Phone: 412-396-1650
Fax: 412-396-5655
Email: pchr@duq.edu

---

Student should retain a copy of this completed form.

I give permission for information contained in this form to be shared with my individual school.

Student Signature: __________________________ Date: __________

revised 2/2016