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)
The following health requirements are mandatory for all Rangos School of Health Sciences students prior to any experiential/clinical education course at off-site facilities. Please see Rangos School of Health Sciences 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
   - MMR 2 doses, Meningitis, Tdap, Hepatitis B.
   - Either proof of 2 doses of Varivax vaccine (chickenpox) OR a positive immune *Varicella titer (blood test).
   - Seasonal Influenza vaccine (Due date will be determined by the individual department)

B. PROOF OF IMMUNE BLOOD TESTS – OBTAIN A COPY OF YOUR LAB RESULTS.
   - MMR titers – Measles(Rubeola) IgG, Mumps IgG, Rubella IgG
   - Hepatitis B Surface Antibody
   - *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 final injection.
   - OR
     - Have one Hepatitis B injection & a “positive” repeat Surface Antibody blood test. If the blood test result is “negative”, the remaining 2 doses will be required. A repeat Hepatitis B Surface Antibody blood test is required 6-8 weeks after the final injection.
   - 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.

*In the event the PPD (Mantoux) is unavailable, or if the student has had a previous reaction to the skin test, the Quantiferon Gold blood test is an acceptable alternative. (Available at Duquesne University Health Service-fee $60.00)

E. PHYSICAL EXAM
   See “Rangos School of Health Sciences Pre-Clinical Health Requirements” form. Physical exam may be done at an MD office, Health Service, or local “walk-in” facilities.

F. CPR CERTIFICATION
   - Complete Basic Life Support for Healthcare Providers (BLS HCP) certification.
   - Submit documentation to your respective department office (a copy, front and back, of your CPR card).
     - Duquesne University’s Department of Public Safety offers regular CPR training for a fee of $25.
     - To register, contact Captain Lee Speer at speer@duq.edu.

Other possible sources for this training include Duquesne University Health Service, the American Red Cross, the American Heart Association, the various campuses of the local community colleges, the YMCA/YWCA, and area hospitals.
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>
</table>

Program/Major:         Class Year

Local Address:         Telephone:

City:             State:       Zip Code

Permanent Address:

City:             State:       Country:       Postal Code:

Cell Phone:         School Email Address:   Personal Email Address:

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)  
   Must be within the past 10 years

☐ 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

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_____________
STUDENT NAME

☐ 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 followed by a repeat Hepatitis B Surface Antibody blood test is required 6-8 weeks after the final injection.

   OR

2. Repeat the series of 3 Hepatitis B injections and then a repeat Hepatitis B Surface Antibody blood test 6-8 weeks after the final injection.

☐ *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: Immunizations are now available through:

- The Center for Pharmacy Care on campus in the Muldoon Building by appointment, by calling 412 396-2155.
- Duquesne University Health Service-2nd floor Union- Monthly clinic, by calling 412-396-1650.

PART IV 2-STEP PPD TUBERCULIN (Mantoux) TEST

<table>
<thead>
<tr>
<th>TUBERCULIN SKIN TEST: MANDATORY 2-STEP PPD (Mantoux) TEST WITHIN THE PAST 12 MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes students who have had BCG.</td>
</tr>
<tr>
<td>*A second test is to be done 10-21 days after the first test. (In the event PPD is unavailable or if student has had a previous reaction to skin test, a Quantiferon Gold blood test is an acceptable alternative.)</td>
</tr>
</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>
<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>
<tr>
<td>Q-Gold blood test</td>
<td>Date Obtained</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If Q Gold or if either step of PPD 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: ________________

Evaluation, follow up, and questions may be directed to: Allegheny County Health Department Clack Clinic
3901 Penn Ave. Pittsburgh, PA  15224  (412)578-8162
STUDENT NAME______________________________________________________________

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: __________

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________________

❖ THIS FORM AND 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>select “Student” from the drop down options under “Go To” >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, PPD and/or Q Gold test and immunizations with a Health Care Provider Signature on the form or alternate 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

Student should retain a copy of this completed form.