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) or at the Center for Pharmacy Care in the Muldoon Building by appointment.

- *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 Hartley Rose Building
    425 First Avenue (between Cherry Way & First Ave. Next to Art Institute)
    Pittsburgh, PA 15219
    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)
**Student’s Name:** ____________________________________________

**Phone:** ______________________ **Date of Birth:** __________________

---

### TUBERCULOSIS SCREENING (must be done annually)

Use this form or attach a copy of the form of the facility where your PPD was given.

**PPD (Mantoux) Test**

- **Date Given:** ________________ (ALTERNATIVE: QUANTIFERON GOLD BLOOD TEST)
- **PPD Date Read:** _________ Induration (mm): ________
- **Read by:** (PRINT) __________________________ Signature: __________________________
- **Name of Facility:** __________________________
- **Phone Number:** __________________________

**If POSITIVE** (10 mm. or more induration/or positive result Q Gold) please evaluate as follows:

1. **Previous BCG Date:** ________________
2. **Chest X-ray Date:** ________________ Results: __________________________

**INH Prophylaxis**

- **Dosage:** __________________________
- **Duration:** __________________________

Follow – up or questions may be directed to: Allegheny County Health Department
3901 Penn Ave. Pittsburgh, PA 15224
(412) 578-8162

---

### TETANUS

If your last Tetanus booster was over 10 years ago, repeat and send a copy with this form.

### 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, emotional, or mental 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)

- **Examiner’s Signature:** __________________________ Date: __________________________
- **Address:** __________________________
- **City:** __________________________
- **State:** ______
- **Telephone:** __________________________
- **ZIP code:** __________________________

---

### INSTRUCTIONS

Once form is completed, please scan and upload form to your Immunization Tracker on Certified Background. If you have any questions please contact customer service at 1-888-666-7788 x1.

Also: UPLOAD TO HEALTH SERVICE STUDENT PORTAL

**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:** __________________________

---

### QUESTIONS ABOUT ITEMS ON HEALTH FORM

- **Contact:** Pre-Clinical Health Requirements Coordinator (PCHR)
  University Health Service
  Phone: 412-396-1650
  Fax: 412-396-5655
  Email: pchr@duq.edu

**Student should upload to Health Service Student Portal**

(Log into DORI>select "Student" from the drop down option under "GoTo"> select “Health Service Student Portal”)
Annual Clinical Compliance

Seasonal Influenza Vaccine

Last name: ______________________  First name: ______________________  Middle initial: _____

Program:  □ Basic BSN  □ Second Degree BSN  □ RN-BSN
           □ MSN    □ DNP    □ PhD

<table>
<thead>
<tr>
<th>Seasonal Influenza Vaccine (Must be completed by December 1st)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date received:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Care Provider Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone number:</th>
</tr>
</thead>
</table>