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

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)
Senior
Health Requirements

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): _______ OR Q Gold results ☐ Negative ☐ Positive

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: __________________________ (attach copy of x-ray report)
3. INH Prophylaxis ☐ No ☐ Yes 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.

**INSTRUCTIONS**

Once form is completed, please upload, fax or mail form to your Immunization Tracker account with Certified Background/Magnus Health Portal. If you choose to fax or mail your form please print the fax/mail cover sheet found in your tracker account. This must be included. If you have any questions please contact customer service at 888-666-7788 x1.

Also: UPLOAD TO HEALTH SERVICE STUDENT PORTAL: Student should retain a copy of this completed form.

**QUESTIONS ABOUT ITEMS ON HEALTH FORM**

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

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

Student Signature ___________________________ Date: _______________________

INSTRUCTIONS TO UPLOAD TO HEALTH SERVICE STUDENT PORTAL:
(Student logs into DORI>selects "Student" from drop down options under "Go To"></selects "Health Service Student Portal">Follow instructions in portal)

2/2016
Seasonal Influenza Vaccine (Must be completed by December 1st)

**Date received:**

**Student Signature:**

**Health Care Provider Signature:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone number:**