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 Intitute)
  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): ________ 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 or Tspot) 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 (Clack Clinic)
   3901 Penn Ave. Pittsburgh, PA 15224
   (412) 578-8162

* If a 2-step PPD was NOT done Freshman year, have it done this year and complete the form on the BACK PAGE

**TETANUS**

If your last Tetanus (TDAP) 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

**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 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: ___________________

**INSTRUCTIONS TO UPLOAD TO HEALTH SERVICE STUDENT PORTAL**
(Log into DORI > select "Student" from the drop down option under "Go To" > select "Health Service Student Portal")> >Follow instructions in the portal)
Student’s Name: ____________________________________________

**TUBERCULOSIS SCREENING: 2-Step PPD (Mantoux) Test**

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

<table>
<thead>
<tr>
<th><strong>PPD (Mantoux) Test – Step 1</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Given: ___________ Induration (mm): ___________</td>
</tr>
<tr>
<td>Date Read: ________________</td>
</tr>
</tbody>
</table>
| Read by: (PRINT) ___________________________ Signature: ___________________________
| Name of Facility: ___________________________ Phone Number: ___________________________

<table>
<thead>
<tr>
<th><strong>PPD (Mantoux) Test – Step 2</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>10 -21 days after the first test</td>
</tr>
<tr>
<td>Date Given: ___________ Induration (mm): ___________</td>
</tr>
<tr>
<td>Date Read: ________________</td>
</tr>
</tbody>
</table>
| Read by: (PRINT) ___________________________ Signature: ___________________________
| Name of Facility: ___________________________ Phone Number: ___________________________

INSTRUCTIONS TO UPLOAD TO HEALTH SERVICE STUDENT PORTAL:
(Student logs into DORI>selects Student Tab>under student connections selects ”Health Service Student Portal”)
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>
<tr>
<td>Health Care Provider Signature:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Phone number:</td>
</tr>
</tbody>
</table>