PCHR Guidelines and General Information

- **Academic Programs with PCHR:**
  - Duquesne University 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
  - PPD (two-Step) $30.00
  - PPD (Annually) $15.00
  - Quantiferon Gold (Q-Gold) blood test – alternative to PPD- $60.00
  - Immunizations can be obtained through the Duquesne University Center for Pharmacy Care
  - Appointments for immunizations can be scheduled by calling the center at 412-396-2155.

- *Fees – Payable by cash, check or credit card*
  - *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)
    412-578-8060 (No appointment needed) M-T-Th-F 9:00 am-4:00 pm W 1:00 pm-8:00 pm

- All PCHR documents, titers, immunizations, PPD’s and Physical E 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 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, Diphtheria, 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) or IGRA (Quantiferon Gold or T-Spot)
  - Subsequent yearly tests require the single step skin test

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

- **Booster doses if titer results are negative or equivocal**
  - MMR Booster is required if any of the MMR titers show “Non-immune” or “Equivocal” results.
  - Obtain a Hepatitis B immunization and repeat the Hepatitis B surface Antibody blood test no sooner than 4-8 weeks after injection. Only if immunity were determined, no further action would be required. However, if the test indicates that immunity is still lacking, complete the remaining 2 injections of the Hepatitis B series followed by a final blood test 4-8 weeks after the last injection.
  - 2 doses of Varivax vaccine for a “Negative” or “Equivocal” Varicella result.

- **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.
# RN/BSN Nursing Pre-Clinical Health Requirements

**PART I – TO BE COMPLETED BY STUDENT**

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<th>Student Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
<th>Date of Birth:</th>
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**PART II – TO BE COMPLETED BY THE EXAMINING PHYSICIAN/PRACTITIONER**

### REQUIRED IMMUNIZATIONS:

- **Tdap** - Must be within last 10 years
  - Date: [ ]

- **Hepatitis B**
  - Date #1: [ ]
  - Date #2: [ ]
  - Date #3: [ ]

### REQUIRED BLOOD TESTS:

- **Mumps IgG**
  - Test Date: [ ]
  - Result: [ ] Positive  [ ] Negative – Equivocal or Negative results require an MMR booster.
  - MMR Booster Date: [ ]

- **Rubella IgG**
  - Test Date: [ ]
  - Result: [ ] Positive  [ ] Negative – Equivocal Negative results require an MMR booster.
  - MMR Booster Date: [ ]

- **Rubeola (Measles) IgG**
  - Test Date: [ ]
  - Result: [ ] Positive  [ ] Negative – Equivocal or Negative results require an MMR booster.
  - MMR Booster Date: [ ]

- **Varicella IgG**
  - Test Date: [ ]
  - OR
  - Varivax Dates: #1: [ ] #2: [ ]
  - Result: [ ] Positive  [ ] Negative - Negative results require 2 doses of vaccine.
  - Varivax Dates: #1: [ ] #2: [ ]

- **Hepatitis B Surface Antibody (HBSAB)**
  - Test Date: [ ]
  - Result: [ ] Reactive  [ ] Non-reactive
  - For Non-reactive (negative) or equivocal test results:
  - Obtain a Hepatitis B immunization & repeat the Hepatitis B surface Antibody blood test no sooner than 4-8 weeks after injection. Only if immunity were determined, no further action would be required. However, if the test indicates that immunity is still lacking, complete the remaining 2 injections of the Hepatitis B series followed by a final blood test 4-8 weeks after the last injection.
  - Dates: #4: [ ] #5: [ ] Reactive
  - #6: [ ] Non-reactive
  - Result: [ ]
**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>
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<td>* Step 2</td>
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<tr>
<td>(Alternative) Q-Gold blood test</td>
<td>Date Obtained</td>
<td>Not applicable</td>
<td>Not applicable</td>
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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)*

Examinig Physician/Practitioner’s Signature: ________________________ Date: ______________

Examinig Physician/Practitioner’s Name: (Please Print) ________________________________

Address: _____________________________ Telephone: __________________

City: _____________________________ State: _____ Zip code: __________________

**Student should retain a copy of this completed form.**

I GIVE PERMISSION FOR INFORMATION CONTAINED IN THIS FORM TO BE SHARED WITH FACULTY/STAFF OF THE SCHOOL OF NURSING. I AUTHORIZE RELEASE OF THIS INFORMATION, UPON REQUEST, TO ANY ORGANIZATION SPONSORING AN EXPERIENTIAL ROTATION IN WHICH I PARTICIPATE. I FOREVER RELEASE AND DISCHARGE DUQUESNE UNIVERSITY, THEIR RESPECTIVE EMPLOYEES AND AGENTS FROM ANY CLAIMS, DAMAGES, LOSSES, LIABILITIES, AND EXPENSES ARISING OUT OF GATHERING & REPORTING THIS INFORMATION.
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.) cited: Pennsylvania Department of Health State Immunization Code 23.82