

**❖ 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 Services Web Site:  
<http://www.duq.edu/pchr>

**❖ The Pre-Clinical Requirements Coordinator is located in Duquesne University Health Services (DUHS)**

- Phone 412-396-1650
- Fax: 412-396-5655
- Email: [pchr@duq.edu](mailto:pchr@duq.edu)
- Address: Duquesne University Health Services (attn. Carol Dougher, RN)  
2<sup>nd</sup> 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)

**❖ Duquesne University Health Services is able to provide:**

- Physical Examination \$50.00
- PPD (two-Step) \$40.00
- PPD (Annually) \$20.00
- Quantiferon Gold (Q-Gold) blood test –alternative to PPD- \$90.00
- 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
- Duquesne University Health Services  
Health services offers convenient testing services for a nominal individual cash fee or package pricing.  
Available titers: Measles/Mumps/Rubella, Hepatitis B, Hepatitis C, Varicella (Chicken Pox)  
Call 412-396-1650 to schedule

**❖ All PCHR documents must be submitted electronically to Health Services through the HEALTH SERVICE STUDENT PORTAL**

**-gain access by: (Log into DORI>under Services and Information tab>select "HEALTH SERVICE STUDENT PORTAL >Follow instructions in portal)**

The following health requirements are mandatory for all Graduate Nursing students prior to any experiential education course at off-site facilities.

Please see **Graduate 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.**

### GRADUATE 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, Diptheria, Acellular Pertussis) must be within the last 10 years
- Series of 3 Hepatitis B injections
- COVID-19 Vaccine
- Seasonal Influenza Vaccine

#### ❖ ***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.**



<b>STUDENT</b>	<b>NAME</b>	
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**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

PPD (Mantoux) Test	Date Given	Date Read	Induration (mm)	Negative	Positive
Step 1					
* Step 2					
(Alternative) Q-Gold blood test	Date Obtained	Not applicable	Not applicable		

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 Pulmonary Center  
425 First Avenue Pittsburgh, PA 15219 (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)

Examining Physician/Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examining 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.**

Student Signature \_\_\_\_\_

Date: \_\_\_\_\_

## 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: (Log into DORI>under Services and Information tab>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