

## For Health Science, Nursing, and Pharmacy Students

The following health requirements are mandatory for all Health Science, Nursing, and Pharmacy students prior to any experiential education course at off-site facilities. 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.

### Requirements

A complete physical examination is required. Physical examinations may be completed at the Duquesne University Health Service or by your personal health care provider.

#### **A. Proof of Immunizations**

1. Tetanus Booster within the last 10 years
2. Series of 3 Hepatitis B injections

#### **B. Tuberculin Skin Test -PPD (Mantoux)**

Initial test must be a Two-Step Test (2 separate PPD skin tests done 1 to 3 weeks apart)  
Subsequent yearly tests only require the single test

#### **C. Blood Tests:**

1. Rubella IgG
2. Rubeola IgG
3. Hepatitis B Surface Antibody (HBsAb)
4. *Either* Varicella IgG *or* proof of immunization (2 doses).

### Procedure for Hepatitis B Immunization

Immunization for Hepatitis B is available through the **Allegheny County Health Department** at 3441 Forbes Avenue, Pittsburgh, PA. (412)-578-8060.

Fee \$44.00 each injection. No charge under the age of 19 (fee subject to change). Three immunizations are required. The second immunization is given 30 days after the initial immunization, and the third is given six months after the first.

Proof of immunity is required by a blood test called a Hepatitis B Surface Antibody (HBsAb) titer. This test must be done no sooner than 6 weeks following the third immunization or anytime thereafter. If the antibody titers are negative or non-reactive, the patient is determined to be non-immune to Hepatitis B. The complete series of 3 immunizations and a second Hepatitis B Surface Antibody (HBsAb) titer must be repeated. **THE ENTIRE PROCESS WILL REQUIRE A MINIMUM OF 10 TO 11 MONTHS TO COMPLETE.**

If the patient is determined to be non-immune following the second Hepatitis B series, no further immunizations will be required.

## Procedure for Duquesne University Health Service

The Duquesne University Health Service is able to provide the physical examination and has negotiated a special rate, through the Mercy Hospital of Pittsburgh, for the required laboratory tests.

### 1. Make an appointment

Group physicals will be scheduled throughout the year. Dates will be posted at your school office, and sign up sheets will be available. Individual appointments will be scheduled as necessary.

Contact person – Diane Lang (412) 396-1652

### 2. What to bring?

- Copies of Hepatitis B immunization dates and Hepatitis B Surface Antibody (HbsAb) results (if previously done)
- Date of last Tetanus Booster
- Health Insurance card (for lab tests only)

### 3. \*Fees – Payable by cash or check only (no credit card or flex dollars)

Physical Examination	\$50.00
PPD (two-Step)	\$20.00
PPD (Annually)	\$10.00
Tetanus Booster (Tdap)	\$45.00

*\* Fees are subject to change*

The required laboratory blood tests will be drawn at the Health Service and sent to Mercy Hospital Lab.

It is up to the student to check if their particular insurance will provide coverage. Billing will be done through Mercy Hospital and not the Health Service. If not covered by insurance, the discounted fee for the lab tests should be approximately \$100.00.

**Note: Lab tests will only be done on students who elect to have the physical exam done by the Health Service.**

## Procedure for using your Personal Health Care Provider

1. Have your provider complete the **HEALTH REQUIREMENTS FORM** completely.
2. **Non- immune lab tests must be followed up with the necessary immunizations immediately.**
3. Completed forms are to be submitted to the Health Service and **NOT** the individual school. Students must make copies of the form prior to submitting to the Health Service. Once forms are in the possession of the Health Service copies cannot be made.

**It is the responsibility of the student to retain a copy of all health records and be able to provide them to any site that may require proof of these records.**



**For Health Sciences, Nursing, and Pharmacy Students**

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

Student Last Name:	First Name:	MI:	Date of Birth
Program/Major:	Class Year	Last 4 digits of S.S.#:	
Local Address:		Telephone:	
City:	State:	Zip Code	
Permanent Address:			
City:	State:	Country:	Postal Code:
Cell Phone:	School Email Address:	Personal Email Address:	

**PART II – TO BE COMPLETED BY THE EXAMINING PRACTITIONER**

**REQUIRED IMMUNIZATIONS:**

<b>Tetanus Td or Tdap</b> - Must be within last 10 years	Date:		
<b>Hepatitis B</b>	Date #1	Date #2	Date #3

**REQUIRED BLOOD TESTS:**

<b>Rubella IgG</b> Equivocal test results should be repeated.	Test Date:	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative - Negative results require an MMR booster. MMR Booster Date:
<b>Rubeola IgG</b> Equivocal test results should be repeated.	Test Date:	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative - Negative results require an MMR booster. MMR Booster Date:
<b>Varicella IgG</b> Test not required if <b>Varivax Vaccine</b> received.	Test Date:  <b>OR</b> Varivax Dates: #1 #2	Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative - Negative results require 2 doses of vaccine. Varivax Dates: #1: #2:
<b>Hepatitis B Surface Antibody (HBSAB)</b>	Test Date:	Result: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive Non-reactive (negative) test results require repeat of Hepatitis B series of 3 injections and repeat HBSAB. Repeat Hepatitis B Series Dates: #4 #5 #6 Repeat HBSAB Date: Result: <input type="checkbox"/> Reactive <input type="checkbox"/> Non-reactive

## 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 7-21 days after the first test

PPD (Mantoux) Test	Date Given	Date Read	Induration (mm)	Negative	Positive
Step 1					
* Step 2					

If either step is **POSITIVE (10 mm. or more induration)** 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 Dept.  
3901 Penn Ave. Pittsburgh, PA 15224  
(412) 578-8162

**NOTE: IF INH IS NOT TAKEN, AN ANNUAL CHEST X-RAY IS REQUIRED.  
PLEASE SEND A COPY TO THE HEALTH SERVICE.**

## 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)

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

Examining Practitioner's Name: (PRINT) \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Please return this form to:

**Duquesne University Health Service**  
600 Forbes Avenue, Pittsburgh PA 15282

**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: \_\_\_\_\_