Dear New USC Health Science Campus Student,

I would like to extend a warm welcome and congratulate you on your admission to USC. Whether you are new to USC or attended as an undergraduate, I would like to introduce you to the Eric Cohen Student Health Center (ECSHC) of USC, your Medical Home on the USC Health Sciences Campus.

Please take the time to review this packet carefully and be sure you meet all of our health clearance requirements. If you have any questions, please visit [http://ecohenshc.usc.edu/health-clearance/](http://ecohenshc.usc.edu/health-clearance/) or contact us via phone at 323-442-5980 or by email at ecohenshc.immunizations@med.usc.edu.

The Eric Cohen Student Health Center is not a typical student health center. We are a small health center serving only the graduate students on the health sciences campus. We offer comprehensive primary care, dietetics, gynecological and dermatological care, as well as a fully staffed counseling center on the premises. Since you will pay a mandatory health center fee for every semester you are registered, you are eligible to see our doctors, specialists and counselors without getting charged visit fees starting your first day of classes. You can see us regardless of your insurance carrier. Please visit our website for more information.

We are an accredited medical home clinic by the Accreditation Association of Ambulatory Health Care (AAAHC), which means we offer the highest standards for patient care and patient experience. As your Medical Home, we offer patient-centered care, with an emphasis on evidence-based medicine, personal attention, and customer service. We hope you will use the clinic as your new primary care provider, not just when you are sick or injured. We love to see our patients and get to know them and hope you will enjoy your experience with us.

Come by and visit us, we would love to see you.

Fight On!

Kimberly Tilley, MD
ECSHC Medical Director
Eric Cohen Student Health Center of USC
Health Clearance Checklist

Must turn in 6 items below by August 01, 2015* +

Checklist**

1. Completed Physical Exam Form (see attached).

2. Completed TB Questionnaire Form (see attached).

3. TB Documentation as determined by your answers in the TB Questionnaire

4. Documentation of TDAP vaccine
   o Must be from 2006 or later.

5. Documentation of 5 Titer Lab Results:
   o Full lab reports with lab ranges are required.
     1. Measles IgG (Quest #964, LabCorp #096560)
     2. Mumps IgG (Quest #8624, LabCorp #096552)
     3. Rubella IgG (Quest #802, LabCorp #006197)
     4. Varicella IgG (Quest #4439, LabCorp #096206)
     5. Hepatitis B Surface Antibody Quantitative (Quest #8475, LabCorp #006530)
   o Booster vaccine required for negative, equivocal, or borderline titer results followed by repeat titer 30 days later.

6. Documentation of MMR series, Hepatitis B Series, and Varicella Vaccination

7. Submit items 1 - 6 above to the Eric Cohen Student Health Center via email or mail.
   We do not accept faxed documents.

Mail:
Eric Cohen Student Health Center of USC
Attn: Health Clearance Team
1510 San Pablo St.
Suite 104
Los Angeles, CA 90033

Email:
To: ecohenshc.immunizations@med.usc.edu
Subject: Academic Program, Student ID #

All emailed documents must be submitted in a PDF format. We will not accept emailed documents that are sent in any other format (i.e. jpg, eps, etc.)

*Your ability to attend clinical rotations may be delayed if items are not submitted by deadline. Please contact your academic department if you have questions about meeting your deadline.

**Make copies of all documents submitted for your personal records. Please do not send the original copies.

+ TB tests, titers, & vaccines can be done at ECSHC. Visit http://ecohenshc.usc.edu/health-clearance/ for prices.
Eric Cohen Student Health Center of USC
TB Questionnaire Form

Name________________ USC ID # ________________ DOB ________________ Academic Program ________________

Phone # ________________ Email _______________________ Anticipated Graduation Year ________________

1. Have you ever had a positive PPD/TB skin test? □ Yes □ No
2. Have you ever had the BCG Vaccine for tuberculosis? □ Yes □ No
3. Have you ever been treated for tuberculosis/ received INH treatment? □ Yes □ No
4. Were you born in or did you live in, as a child, in one of the countries listed below? If yes, please CIRCLE the country below.

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If you answered **YES** to **QUESTIONS 1 OR 2 OR 4**, please get the T.Spot.TB® or the Quantiferon®-TB Gold IGRA lab test within 2 months of your academic start date. **Full lab results must be submitted.**

If you answered **YES** to **QUESTION 3**, regardless of another answer above, you must submit a chest x-ray report taken within 3 months of your program start date AND a past medical history of your positive PPD.

If you answered **NO** to **QUESTIONS 1 - 4**, then you can either submit a T.Spot.TB® **OR** the Quantiferon®-TB Gold IGRA results **OR** get a two-step PPD Skin test.

- **A two-step PPD skin test is two PPD tests done no sooner than two weeks apart from each other.** That means one placement and one reading, then at least a two week waiting period, then another placement and reading.
  - **Test Timeline Specifies:**
    - If you have had a TB skin test placed and read within the 364 days prior to your program start date, then this test can be your baseline TB test. The second TB test needs to be placed and read within 2 months of your program start date.
    - If you haven’t had a TB skin test placed and read within 364 days from your program start date, then you will get your baseline (or first) test no sooner than the 2 months from your program start date. A second TB skin test will then be placed and read 2-3 weeks after the baseline test.
    - If any of the TB skin tests are positive, follow instructions for number 1 above.

Website: ecohenshc.usc.edu/health-clearance | Phone: 323 - 442 - 5980 | Email: ecohenshc.immunizations@med.usc.edu
Physical Examination Form
(To be performed by a Physician, P.A., or N.P.)

Name________________ USC ID #_________________________ DOB_________ Academic Program _________

Phone #________________ Email_________________________ Anticipated Graduation Year _________

VITALS: B/P: _______ Height _______ Weight _______ Pulse _______ Resp._______ Temp._________

Please check box if patient is within normal limits. If patient is not within normal limits, please include a
detailed description of any abnormal findings.

GENERAL
☐ WNL

HEENT
☐ WNL

CHEST/LUNGS
☐ WNL

CARDIOVASCULAR
☐ WNL

ABDOMEN
☐ WNL

MUSCULOSKELETAL
☐ WNL

SKIN
☐ WNL

NEUROLOGIC
☐ WNL

MENTAL STATUS
☐ WNL

Any restrictions on physical activity?
☐ Yes ☐ No

Any recommendations for medical care?
☐ Yes ☐ No

(Explain any restrictions and recommendations)
____________________________________________________________________________________

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____________________________________________________________________________________

Date Examined____________________________________

Address____________________________________

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Provider Name____________________________________

____________________________________________________________________________________

Provider Signature__________________________________

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