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 (vaccination and procedure fees still apply). Please know, you can visit us for free regardless of your insurance carrier. If you see us any time before your first day of class, you will be charged a $30 visit fee charge whenever you use the ECSHC. Please visit [http://ecohenshc.usc.edu/health-clearance/prices/](http://ecohenshc.usc.edu/health-clearance/prices/) 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
Health Clearance Checklist

Must turn in 6 items below by June 30, 2015* +

Checklist**

1. Completed Physical Exam Form (see attached).

2. Completed TB Questionnaire Form (see attached).

3. Documentation of TB testing. This is determined by your answers in the TB questionnaire form.

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

5. Documentation of 5 Titer Lab Results:
   ○ 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 Only (Quest #8475, LabCorp #006530)
        ▪ Qualitative results not accepted
     ○ 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.
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.

   Afghanistan □  Croatia □  Kenya □  Nigeria □  Sudan □  Algeria □  Democratic People's Republic of  
   Angola □  Korea □  Kiribati □  Niue □  Suriname □  Argentina □  Congo □  Kyrgyzstan □  Laos People's Democratic  
   Azerbaijan □  Djibouti □  Latvia □  Paraguay □  Thailand □  Bahrain □  Dominican Republic □  Malawi □  Mozambique □  Tajikistan □  Bangladesh □  Ecuador □  Lesotho □  Namibia □  Turkmenistan □  Belarus □  El Salvador □  Libya □  Malaysia □  United Arab Emirates □  Benin □  Eritrea □  Lithuania □  Republic of Korea □  Turkmenistan □  Bhutan □  Estonia □  Madagascar □  Mauritania □  United Republic of  
   Bolivia (Plurinational State of) □  Brazil □  Equatorial Guinea □  Malawi □  Mauritius □  United Kingdom □  Bosnia and Herzegovina □  Fiji □  Malaysia □  Mexico □  United States □  Botswana □  Gabon □  Maldives □  Micronesia (Federated States of) □  Uruguay □  Brazil □  Gambia □  Mali □  Micronesia (State of) □  Uzbekistan □  Brunei Darussalam □  Georgia □  Marshall Islands □  Russia □  Vanuatu □  Bulgaria □  Ghana □  Mauritania □  Saint Vincent and the  
   Czech Republic □  Chad □  Guinea □  Mauritius □  Senegal □  Somalia □  Zambia □  Chad □  Gambia □  Guinea-Bissau □  Micronesia (Territory of) □  Senegal □  Yemen □  Comoros □  Djibouti □  Micronesia (Country of) □  Serbia □  Zimbabwe □  Cote d'Ivoire □  Gabon □  Indonesia □  Mozambique □  Seychelles □  People's Republic of  

   ▪ If you answered YES to QUESTIONS 1 OR 2 OR 4, please get the TSpot.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 TSpot.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.
   
     o Test Timeline Specifics:
     ▪ If you have had a TB skin test placed within 11 months prior to your program start date, then  
       this test can be your baseline TB test. The second TB test needs to be placed within 2  
       months of your program start date.
     ▪ If you haven’t had a TB skin test placed within 11 months from your program start date, then  
       you should get your baseline (or first) test as soon as possible upon receipt of this packet. A  
       second TB skin test should then be placed at least 2 weeks after the baseline test AND within  
       2 months of your program start date.
     ▪ If any of the TB skin tests are positive, follow instructions for number 1 above.

Website: ecohenshc.usc.edu | 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)

_________________________________________
_________________________________________
_________________________________________
_________________________________________

Date Examined_____________________________

Address____________________________________

_________________________________________
_________________________________________

Provider Name________________________________

Provider Signature____________________________