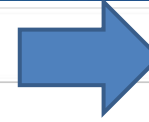




How to Complete and Submit Immunization Requirements

UPDATED 1/27/2021

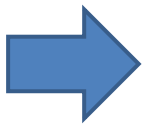
Go to the student health website
<https://studenthealth.ucr.edu/>



There are a few ways to access the **patient portal**. Either as links within the immunization website or at the top right corner: patient portal button

IMMUNIZATION
REQUIREMENTSMEETING IMMUNIZATION
REQUIREMENTS

Meeting Immunization Requirements



To complete the online immunization record and answer the TB screening questionnaire, you will need to **log into the patient portal**. To begin the process for completing the health requirements you will need to gather any records and documents regarding your immunizations to fill out and complete the online form. These records/documents will then need to be uploaded into the patient portal. Records submitted by email will not be reviewed or acknowledged. Only online submission via the patient portal will be

shs.ucr.acsitefactory.com/meeting-immunization-requirements requirements are, refer back to the immunization requirement table

Flu Facts

- [CDC Seasonal Influenza Vaccine Information](#)
- [Key Facts About Influenza](#)

Mandatory Health Requirements



Log in using your
NetID and
password

UCR NetID:

Password:

SIGN IN

[Forgot your password?](#)

[Learn about MFA](#)

[Need help?](#)

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You last logged in: 1/26/2021 2:02 PM [Log Out](#)

Scroll down

Welcome to Health and Psychological Student Services

SHS News

Effective Monday March 16th 2020, **ONLY** students who need an appointment with a healthcare provider for urgent medical attention will be seen.

Please call the clinic first at (951) 827-3031 if you need an appointment. No walk-in services are available.

Our pharmacy is available but please call first if you need to pick up your RX or send a message via to have your refill processed.

Thank you, SHS staff.

CAPS Special Alert

In an effort to minimize the spread of the Covid-19, all CAPS services are currently via TeleMental Health(phone and secure videoconferencing) and will not be open to walk in appointments at this time. Please call for consultations 951-827-5531. For more information visit counseling.ucr.edu

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Thank you, CAPS Team

Please select from the following

[Appointments](#)

Please call SHS (951) 827-3031 for instructions regarding scheduling an appointment.

[Immunization Mandate](#)

Complete TB Screening and Immunization Records Forms.

[Other Services](#)

Complete Travel Visits, Rx Refills, STI Self-Screening, SHIP Forms, and more.

Need further assistance?

1) How to submit a Waiver for SHIP?

Click [Here](#) to submit a waiver.

2) Help with Immunization?

Click [Here](#) to view all Immunization Requirements.

3) How do I submit Immunization Records?

Click [Here](#) to submit Immunization Records.

[Advanced Options]

You are seeing this link because your patient record is configured as a testing record.

[Version: 12.11.5149]

Click on
Immunization
Mandate

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Medical Clearances for Joan Applicant






























To be fully compliant with your medical clearances and to avoid a hold you must make sure you have done the following:

1. Enter the dates of immunization for **ALL** immunizations
2. Upload a copy of your immunization record (**Required**)
3. Complete your health history and TB screening form.

Please note: It is not sufficient to just upload your immunization record. Failure to enter immunization dates will result in non-compliance with medical clearance requirements.

Overall Clearance Status:  Not Satisfied

Items required for clearance:

Clearance		Status	Details
Immunization Record		 Compliant	Satisfied 
Influenza		 Compliant	Satisfied 
Measles		 Compliant	Satisfied 
Meningococcal ACYW		 Not Compliant	No Data 
Mumps		 Compliant	Satisfied 
Pertussis (Tdap)		 Compliant	Satisfied 
Rubella		 Compliant	Satisfied 
TB Screening Questions	Submitted	 Compliant	Satisfied 
Tuberculosis Testing		 Not Compliant	No Data 
Varicella		 Compliant	Satisfied 

Click on update
for Immunization
Record

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Immunization Record

Immunization Record **Upload Needed**

- Upload a readable immunization record with your full name and date of birth on each page.
- Accepted upload formats in Portrait mode are: gif, jpg, png, pdf.
- Do not upload MS Word documents.

Upload Received 1/27/2021 1:57 PM

[Show Uploaded Document](#)**Status:** Upload Required

Additional Uploads

[Upload](#)[Cancel](#)[Save](#)

Upload and view your Immunization documents here. Click save once finished.

Note: All records submitted **must be translated** into English. If you have translated records please upload both the translated and original records here.

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To be fully compliant with your medical clearances and to avoid a hold you must make sure you have done the following:

1. Enter the dates of immunization for **ALL** immunizations
2. Upload a copy of your immunization record (**Required**)
3. Complete your health history and TB screening form

Please note: It is not sufficient to just upload your immunization record. Failure to enter immunization dates will result in non-compliance with medical clearance requirements.








Overall Clearance Status:  Not Satisfied

Items required for clearance:

You will return to this page once finished. You can upload records at any time in the patient portal.

Click update for TB screening questions



		Status	Details
	Update	 Not Compliant	No Data i
	Update	 Not Compliant	No Data i
Mumps	Update	 Not Compliant	No Data i
Pertussis (Tdap)	Update	 Compliant	Satisfied i
Rubella	Update	 Not Compliant	No Data i
TB Screening Questions	Update	 Compliant	Satisfied i
Varicella	Update	 Not Compliant	No Data i

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TB Screening

Please answer the following questions...

**** 1.** Have you **previously tested POSITIVE** for TB?

☐ Yes ☐ No

**** 2.** Were you born **outside of** the United States, Canada, Australia, New Zealand, or Northern or Western Europe?

☐ Yes ☐ No

**** 3.** Are you **immunosuppressed**, current or planned?

- Are you a person living with HIV/AIDS, an organ transplant recipient, or taking medications that suppress your immune system?

☐ Yes ☐ No

**** 4.** Have you had **close contact** to someone with ACTIVE TB disease at any time in your life?

☐ Yes ☐ No

**** 5.** Have you **ever** traveled or resided **outside of** the United States, Canada, New Zealand, or northern or western Europe for at least one month?

☐ Yes ☐ No

****Important note:** It can take up to 24 HOURS to update your compliance record. Please wait 24 hours before contacting us.

Submit

Cancel

Complete the
questionnaire to the
best of your
knowledge

Once
complete click
submit

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Medical Clearances for Joan Applicant

To be fully compliant with your medical clearances and to avoid a hold you must make sure you have done the following:

- 1. Enter the dates of immunization for ALL immunizations
- 2. Upload a copy of your immunization record (Required)
- 3. Complete your health history and TB screening form

Please note: It is not sufficient to just upload your immunization record. Failure to enter immunization dates will result in non-compliance with medical clearance requirements.

Overall Clearance Status: Not Satisfied

Items required for clearance:

Clearance		Status	Details
Immunization Record	Update	Compliant	Satisfied ⓘ
Influenza	Update	Compliant	Satisfied ⓘ
Measles	Update	Compliant	Satisfied ⓘ
Meningococcal ACYW	Update	Not Compliant	No Data ⓘ
Mumps	Update	Compliant	Satisfied ⓘ
Pertussis (Tdap)	Update	Compliant	Satisfied ⓘ
Rubella	Update	Compliant	Satisfied ⓘ
TB Screening Questions	Submitted	Compliant	Satisfied ⓘ
Tuberculosis Testing	Update	Not Compliant	No Data ⓘ
Varicella	Update	Compliant	Satisfied ⓘ

Note that the update button is gone and replaced with *submitted*

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Medical Clearances for Joan Applicant

To be fully compliant with your medical clearances and to avoid a hold you must make sure you have done the following:

- 1. Enter the dates of immunization for ALL immunizations
- 2. Upload a copy of your immunization record (Required)
- 3. Complete your health history and TB screening form

Please note: It is not sufficient to just upload your immunization record. Failure to complete all required items.

Overall Clearance Status: Not Satisfied

Items required for clearance:

Click on one of the immunization clearances. Measles will be used as an example

Clearance		Status	Details
Immunization Record	Update	Compliant	Satisfied i
Influenza	Update	Compliant	Satisfied i
Measles	Update	Compliant	Satisfied i
Meningococcal ACYW	Update	Not Compliant	No Data i
Mumps	Update	Compliant	Satisfied i
Pertussis (Tdap)	Update	Compliant	Satisfied i
Rubella	Update	Compliant	Satisfied i
TB Screening Questions	Submitted	Compliant	Satisfied i
Tuberculosis Testing	Update	Not Compliant	No Data i
Varicella	Update	Compliant	Satisfied i

Please note the immunization requirements in the blue box

Measles (rubeola)

You must submit TWO doses of Measles or MMR Vaccine. The first vaccine dose must be **on or after** your first birthday and the second vaccine dose must be at least 28 days after the first dose.

IF YOU ARE UNABLE TO OBTAIN PROOF OF VACCINATION, YOU MUST OBTAIN A MEASLES ANTIBODY BLOOD TEST. ATTACH A COPY OF YOUR LAB REPORT.

Doses of Measles or MMR Vaccine

Date 1

MM/DD/YYYY

Vaccine1

Select one...

Date 2

MM/DD/YYYY

Vaccine2

Select one...

Measles Antibody Titer (blood test)

Date

MM/DD/YYYY

Result

clear

☐ Positive ☐ Negative

Cancel

Done

2 vaccinations **OR** titers will meet compliance for MMR and Varicella. Both do not need to be completed.

Each vaccine page will need to have a date and the specific vaccine given. The date and vaccine will be on your immunization record.

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✓ Success

Your immunization changes have been saved successfully.

[Print](#)

Medical Clearances for John Applicant

To be fully compliant with your medical clearances and to avoid a hold you must make sure you

1. Enter the dates of immunization for **ALL** immunizations
2. Upload a copy of your immunization record (**Required**)
3. Complete your health history and TB screening form

Please note: It is not sufficient to just upload your immunization record. Failure to enter immunization

Overall Clearance Status: ✓ Satisfied

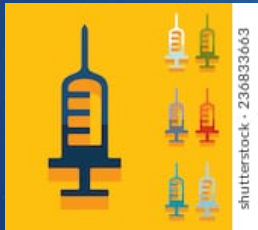
Items required for clearance:

Clearance		Status	Details
Immunization Record	Update	✓ Compliant	Satisfied ⓘ
Influenza	Update	✓ Compliant	Satisfied ⓘ
Measles	Update	✓ Compliant	Satisfied ⓘ
Mumps	Update	✓ Compliant	Satisfied ⓘ
Pertussis (Tdap)	Update	✓ Compliant	Satisfied ⓘ
Rubella	Update	✓ Compliant	Satisfied ⓘ
TB Screening Questions	Update	✓ Compliant	Satisfied ⓘ
Varicella	Update	✓ Compliant	Satisfied ⓘ

Note: Once your dates are verified by SHS staff, you will not be able to edit your dates.
CHECK YOUR DATES!

The statuses of each vaccine say compliant once you have input your correct dates. If your status says non-compliant please double check your dates to ensure accuracy.

Please continue to the next slide if
you have **Tuberculosis Testing**
and/or **Chest X-ray** in your
immunization clearances



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To be fully compliant with your medical clearances and **to avoid a hold** you must make sure you have done the following:

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2. Upload a copy of your immunization record (**Required**)
3. Complete your health history and TB screening form

Please note: It is not sufficient to just upload your immunization record. Failure to enter immunization dates will result in non-compliance with medical clearance requirements.

Overall Clearance Status: **Not Satisfied**

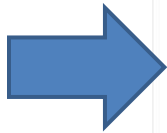
Items required for clearance:

Clearance		Status	Details
Immunization Record	Update	Compliant	Satisfied i
Influenza	Update	Compliant	Satisfied i
Measles	Update		
	Update		
	Update		
	Update		
Rubella	Update	Compliant	Satisfied i
TB Screening Questions	Submitted	Compliant	Satisfied i
Tuberculosis Testing	Update	Not Compliant	No Data i
Varicella	Update	Compliant	Satisfied i

TB testing is NOT for everyone, however all incoming students must complete the TB screening questions.

If after completing your TB screening questionnaire you see Tuberculosis testing and/or chest x-ray, you will need to complete a TB test within 12 months of your first attendance date.

Click
update



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There will be a few options here depending on the type of TB test you have. You need to input the date(s)* and result of your test.

*TB skin tests have TWO dates

TB Skin Test

Date

MM/DD/YYYY

Result **clear**

☐ Positive ☐ Negative

Read Date

MM/DD/YYYY

Induration

mm

TB Skin Test Results

Upload

Please upload a copy of your skin test result

T-SPOT TB Blood Test

Date

MM/DD/YYYY

Result **clear**

☐ Positive ☐ Negative ☐ Borderline ☐ Invalid

TB Spot Test Results

Upload

Please upload a copy of your lab result

Quantiferon Gold TB Blood Test

Date

MM/DD/YYYY

Result **clear**

☐ Positive ☐ Negative ☐ Indeterminate

Quantiferon-Gold Test Results

Upload

Please upload a copy of your lab result

Chest X-Ray

Date

MM/DD/YYYY

Result **clear**

☐ Positive ☐ Negative

Chest X-Ray Results

Upload

Please upload a copy of your chest x-ray

Submit

Cancel

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Result clear

☐ Positive ☐ Negative

Induration

mm

TB Skin Test Results

Upload

Please upload a copy of your skin test result.

T-SPOT TB Blood Test

Date

12/20/2020

Result clear

☐ Positive ☒ Negative ☐ Borderline ☐ Invalid

TB Spot Test Results

Upload

Please upload a copy of your lab result.

Input your date and result for the test you received. Then click upload.

Quantiferon Gold TB Blood Test

Date

MM/DD/YYYY

Result clear

☐ Positive ☐ Negative ☐ Indeterminate

Quantiferon-Gold Test Results

Upload

Please upload a copy of your lab result.

Chest X-Ray

Date

Result clear

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Verify Upload

Does this image look correct? If it looks wrong for any reason (i.e., wrong orientation, too bright or dark, needs to be cropped), click **Edit Image** and use the image editor controls to adjust the image as appropriate.



Once you have selected your TB test a pop up will verify your upload. If everything looks good, click Looks Good!

[Cancel Upload](#)[Edit Image](#)[Looks Good](#)☐ Positive ☐ Negative**Chest X-Ray Results**

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Click submit at the
end of the page
once finished.

Date

12/20/2020

Result clear☐ Positive ☒ Negative ☐ Borderline ☐ Invalid

TB Spot Test Results

Upload

Please upload a copy of your lab result

RemoveEdit/Comment

Quantiferon Gold TB Blood Test

Date

MM/DD/YYYY

Result clear☐ Positive ☐ Negative ☐ Indeterminate

Quantiferon-Gold Test Results

Upload

Please upload a copy of your lab result

Chest X-Ray

Date

MM/DD/YYYY

Result clear☐ Positive ☐ Negative

Chest X-Ray Results

Upload

Please upload a copy of your chest x-ray

SubmitCancel

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



To be fully compliant with your medical clearances and to avoid a hold you must make the following:

1. Enter the dates of immunization for **ALL** immunizations
2. Upload a copy of your immunization record (**Required**)
3. Complete your health history and TB screening form

Please note: It is not sufficient to just upload your immunization record. Failure to enter immunization dates will result in a hold.

Overall Clearance Status:  Satisfied

Items required for clearance:

Clearance		Status	Details
Immunization Record	Update	 Compliant	Satisfied 
Influenza	Update	 Compliant	Satisfied 
Measles	Update	 Compliant	Satisfied 
Meningococcal ACYW	Update	 Compliant	Satisfied 
Mumps	Update	 Compliant	Satisfied 
Pertussis (Tdap)	Update	 Compliant	Satisfied 
Rubella	Update	 Compliant	Satisfied 
TB Screening Questions	Submitted	 Compliant	Satisfied 
Tuberculosis Testing	Update	 Compliant	Satisfied 
Varicella	Update	 Compliant	Satisfied 

Once everything is input you will note all the statuses are compliant and your overall clearance status is compliant. CONGRATULATIONS! You have completed the health requirements,