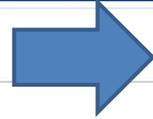




# How to Complete and Submit Immunization Requirements

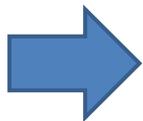
UPDATED 1/27/2021

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

# 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

## 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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# Home for John Applicant

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](http://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	<a href="#">Update</a>	<span>✔</span> Compliant	Satisfied ⓘ
Influenza	<a href="#">Update</a>	<span>✔</span> Compliant	Satisfied ⓘ
Measles	<a href="#">Update</a>	<span>✔</span> Compliant	Satisfied ⓘ
Meningococcal ACYW	<a href="#">Update</a>	<span>✘</span> Not Compliant	No Data ⓘ
Mumps	<a href="#">Update</a>	<span>✔</span> Compliant	Satisfied ⓘ
Pertussis (Tdap)	<a href="#">Update</a>	<span>✔</span> Compliant	Satisfied ⓘ
Rubella	<a href="#">Update</a>	<span>✔</span> Compliant	Satisfied ⓘ
TB Screening Questions	<i>Submitted</i>	<span>✔</span> Compliant	Satisfied ⓘ
Tuberculosis Testing	<a href="#">Update</a>	<span>✘</span> Not Compliant	No Data ⓘ
Varicella	<a href="#">Update</a>	<span>✔</span> 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.

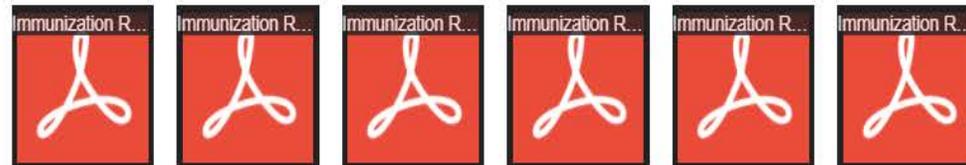
Upload Received 1/27/2021 1:57 PM

Show Uploaded Document

Status: Upload Required

Additional Uploads

Upload



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.

Cancel

Save

TB Screening Questions

Submitted

Compliant

Satisfied

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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
	<a href="#">Update</a>	 Not Compliant	No Data 
	<a href="#">Update</a>	 Not Compliant	No Data 
Mumps	<a href="#">Update</a>	 Not Compliant	No Data 
Pertussis (Tdap)	<a href="#">Update</a>	 Compliant	Satisfied 
Rubella	<a href="#">Update</a>	 Not Compliant	No Data 
TB Screening Questions	<a href="#">Update</a>	 Compliant	Satisfied 
Varicella	<a href="#">Update</a>	 Not Compliant	No Data 

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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

Once  
complete click  
submit

Complete the  
questionnaire to the  
best of your  
knowledge

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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	<a href="#">Update</a>	<span style="color: green;">✔</span> Compliant	Satisfied ⓘ
Influenza	<a href="#">Update</a>	<span style="color: green;">✔</span> Compliant	Satisfied ⓘ
Measles	<a href="#">Update</a>	<span style="color: green;">✔</span> Compliant	Satisfied ⓘ
Meningococcal ACYW	<a href="#">Update</a>	<span style="color: red;">✖</span> Not Compliant	No Data ⓘ
Mumps	<a href="#">Update</a>	<span style="color: green;">✔</span> Compliant	Satisfied ⓘ
Pertussis (Tdap)	<a href="#">Update</a>	<span style="color: green;">✔</span> Compliant	Satisfied ⓘ
Rubella	<a href="#">Update</a>	<span style="color: green;">✔</span> Compliant	Satisfied ⓘ
TB Screening Questions	<b>Submitted</b>	<span style="color: green;">✔</span> Compliant	Satisfied ⓘ
Tuberculosis Testing	<a href="#">Update</a>	<span style="color: red;">✖</span> Not Compliant	No Data ⓘ
Varicella	<a href="#">Update</a>	<span style="color: green;">✔</span> 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 other requirements.

**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	<a href="#">Update</a>	<span style="color: green;">✔</span> Compliant	Satisfied <a href="#">i</a>
Influenza	<a href="#">Update</a>	<span style="color: green;">✔</span> Compliant	Satisfied <a href="#">i</a>
Measles	<a href="#">Update</a>	<span style="color: green;">✔</span> Compliant	Satisfied <a href="#">i</a>
Meningococcal ACYW	<a href="#">Update</a>	<span style="color: red;">✘</span> Not Compliant	No Data <a href="#">i</a>
Mumps	<a href="#">Update</a>	<span style="color: green;">✔</span> Compliant	Satisfied <a href="#">i</a>
Pertussis (Tdap)	<a href="#">Update</a>	<span style="color: green;">✔</span> Compliant	Satisfied <a href="#">i</a>
Rubella	<a href="#">Update</a>	<span style="color: green;">✔</span> Compliant	Satisfied <a href="#">i</a>
TB Screening Questions	<b>Submitted</b>	<span style="color: green;">✔</span> Compliant	Satisfied <a href="#">i</a>
Tuberculosis Testing	<a href="#">Update</a>	<span style="color: red;">✘</span> Not Compliant	No Data <a href="#">i</a>
Varicella	<a href="#">Update</a>	<span style="color: green;">✔</span> Compliant	Satisfied <a href="#">i</a>

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.



## Medical Clearances for John Applicant

Print

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

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.

### Items required for clearance:

Clearance		Status	Details
Immunization Record	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Influenza	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Measles	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Mumps	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Pertussis (Tdap)	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Rubella	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
TB Screening Questions	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Varicella	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ

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

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	<a href="#">Update</a>	Compliant	Satisfied
Influenza	<a href="#">Update</a>	Compliant	Satisfied
Measles	<a href="#">Update</a>		
	<a href="#">Update</a>		
	<a href="#">Update</a>		
	<a href="#">Update</a>		
Rubella	<a href="#">Update</a>	Compliant	Satisfied
TB Screening Questions	<b>Submitted</b>	Compliant	Satisfied
Tuberculosis Testing	<a href="#">Update</a>	Not Compliant	No Data
Varicella	<a href="#">Update</a>	Compliant	Satisfied

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

TB Skin Test Results

**Upload**

Please upload a copy of your skin test result

Read Date

MM/DD/YYYY

Induration

mm

### 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

MM/DD/YYYY

Positive  Negative

Chest X-Ray Results

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Click submit at the end of the page once finished.

**Date**

**Result** clear

Positive  Negative  Borderline  Invalid

**TB Spot Test Results**

**Upload**  
Please upload a copy of your lab result



Remove  
Edit/Comment

**Quantiferon Gold TB Blood Test**

**Date**

**Result** clear

Positive  Negative  Indeterminate

**Quantiferon-Gold Test Results**

**Upload**  
Please upload a copy of your lab result

**Chest X-Ray**

**Date**

**Result** clear

Positive  Negative

**Chest X-Ray Results**

**Upload**  
Please upload a copy of your chest x-ray

**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:

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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	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Influenza	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Measles	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Meningococcal ACYW	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Mumps	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Pertussis (Tdap)	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Rubella	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
TB Screening Questions	<b>Submitted</b>	✔ Compliant	Satisfied ⓘ
Tuberculosis Testing	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Varicella	<a href="#">Update</a>	✔ 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,