How to Complete and Submit Immunization Requirements

UPDATED 1/27/2021

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

UNIVERSITY OF CALIFORNIA, RIVERSIDE

HOME

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

IMMUNIZATION REQUIREMENTS

MEETING IMMUNIZATION

INSURANCE -

Meeting Immunization Requirements

HEALTH CARE & SERVICES -

To complete the online immunization record and answer the TB screening questionnaire, you will need to <u>log into the patient portal</u>. 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

PATIENT PORTAL

ABOUT US -

Q Search

UICK LINKS

- CDC Seasonal Influenza Vaccine Information
- <u>Key Facts About Influenza</u>

Mandatory Health Requirements



Log in using your NetID and password

GR NETID:	1 al	1	
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assword:			

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 <u>urgent</u> 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

Home

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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.

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Other Services Comple

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]

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Click on Immunization Mandate

Student Health & Counseling Services

Satisfied 0

Satisfied 0

Satisfied 0

No Data 0

Satisfied 0

Satisfied 0

Satisfied 0

Satisfied 0

No Data 0

Satisfied 0

Home	Medical Clearances for Joan Applicant					
Profile	To be fully compliant with your medical clearances and to avoid a	<mark>a hold</mark> you must make sure you	have done the following:			
Medical Clearances Not Satisfied	1. Enter the dates of immunization for ALL immunizations 2. Upload a copy of your immunization record (Required)					
Appointments	 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. 					
Groups/Workshops	Overall Clearance Status: 🔇 Not Satisfied		1			
Handouts	Items required for clearance:					
Messages 24 Unread	Clearance		Status	Details		
Letters	Immunization Record	Update	Ompliant	Satisfie		
Downloadable Forms	Influenza	Update	Ocompliant	Satisfie		
	Measles	Update	Ocompliant	Satisfie		
Survey Forms for Immunization	Meningococcal ACYW	Update	Not Compliant	No Data		
Immunizations Record	Mumps	Update	O Compliant	Satisfie		
Ge Log Out	Pertussis (Tdap)	Update	Ocompliant	Satisfie		
	Rubella	Update	Ocompliant	Satisfie		
	TB Screening Questions	Submitted	Ocompliant	Satisfie		
	Tuberculosis Testing	Update	O Not Compliant	No Data		

Varicella

Update

Ocompliant

Student Health & Counseling Services

🛔 Joan Applicant 🐖

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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.

Status: Upload Required

Additional Uploads





Upload Received 1/27/2021 1:57 PM

Show Uploaded Document

Upload and view your Immunization documents here. Click <u>save</u> once finished.

x

Details

Satisfied 6

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

				agustieu U	
				Satisfied 0	
			Call tel Save	Satisfied 0	
IB Screening Questions	Submitted	o Compliant		Satisfied 0	

	To be fully compliant with your medical c	learances and <mark>to avoid a hold</mark> you must make sure you ha	ve done the following:	
Appointments	 Enter the dates of immunization for Al 2. Upload a copy of your immunization re 3. Complete your health history and TB s 	L immunizations ecord (Required) screening form		
Groups/Workshops Handouts Messages	Please note: It is not sufficient to just upload Overall Clearance Status: 🐼 Not Satisfied Items required for clearan	I your immunization record. Failure to enter immunization date	s will result in non-compliance with me	dical clearance requirements.
You will return	n to this page		Status	Details
Downloadable Forms	ed. You can ds at any time	Update	Not Compliant	No Data 🖲
Forms Sto Complete in the patie	ent portal.	Update	Not Compliant	No Data
Insurance Card Survey Forme Click update	Mumps	Update	Not Compliant	No Data 🖲
for TB screening	Pertussis (Tdap)	Update	Compliant	Satisfied 0
	Rubella	Update	Not Compliant	No Data 🖲
	TB Screening Questions	Update	Compliant	Satisfied 0
	Varicella	Update	Not Compliant	No Data
	Powered by Po	int and Click Solutions © 2021	Language	:: English (United States)

Home Profile Medical Clearances Met Satisfief Appointments Groups/Workshops Handouts Letters Downloadable Forms Forms ●to Complete Insurance Card Survey Forms Immunizations	TB Screening Please answer the following questions *1. Have you previously tested POSITIVE for TB? Yes No *2. Were you bom <u>outside of</u> 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 imm? 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 <u>outside of</u> the United States, Canada, New Zealand, or northern or western Europ? Yes No *10. There was used to be contact to someone with ACTIVE TB disease at any time in your life? Yes No *5. Have you ever traveled or resided <u>outside of</u> the United States, Canada, New Zealand, or northern or western Europ? Yes No *Important note: It can take up to 24 HOURS to update your compliance record. Please wait 24 hours before contacting Complete click Submit Cancel	uncertained to the provide to the providet to the prov
	Powered by Point and Click Solutions © 2021	Language: English (United States)

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Home	Medical Clearan
Profile	To be fully compliant with your medica
Medical Clearances Not Satisfied	1. Enter the dates of immunization for 2. Upload a copy of your immunization 2. Complete your beatth bitter, and T
Appointments	Please note: It is not sufficient to just uplo
Groups/Workshops	Overall Clearance Status: 🐼 Not Satisf
Handouts	Items required for cleara
Messages 24 Unread	Clearance
Letters	Immunization Record
Downloadable Forms	Influenza
Forms 8 to Complete	
Insurance Card	Measles
Survey Forms	Meningococcal ACYW
Immunizations	Mumps
Ge Log Out	Pertussis (Tdap)
lote that the undate	Rubella

button is gone and replaced with submitted

nces for Joan Applicant

I clearances and to avoid a hold you must make sure you have done the following:

- ALL immunizations
- on record (Required)
- B screening form

oad your immunization record. Failure to enter immunization dates will result in non-compliance with medical clearance requirements.

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ance:

Clearance		Status		Details
Immunization Record	Update	Ocompliant		Satisfied 0
Influenza	Update	🥥 Compliant		Satisfied 0
Measles	Update	Ø Compliant		Satisfied 0
Meningococcal ACYW	Update	8 Not Complian	nt	No Data 0
Mumps	Update	Ø Compliant		Satisfied 0
Pertussis (Tdap)	Update	Ocompliant		Satisfied 0
Rubella	Update	Ø Compliant		Satisfied 0
TB Screening Questions	Submitted	Ø Compliant		Satisfied 0
Tuberculosis Testing	Update	8 Not Complian	nt	No Data 0
Varicella	Update	Ø Compliant		Satisfied 0

Student Health & Counseling Services

Home	Medical Clearances for Joan Applicant			
Profile	To be fully compliant with your medical clearances and to avoid a he	old you must make sure you	I have done the following:	
Medical Clearances Not Satisfied	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	Cli	ick on one of the	
Appointments	Please note: It is not sufficient to just upload your immunization record. I	Failure to immu	nization clearances.	ments.
Groups/Workshops	Overall Clearance Status: 🐼 Not Satisfied	Measl	es will be used as an	
Handouts	Items required for clearance:		example	
Messages 24 Unread	Clearance		Status	Details
Letters	Immunization Record	Update	🧭 Compliant	Satisfied 0
Downloadable Forms	Influenza	Update	Ocmpliant	Satisfied 0
Forms 8 to Complete	Measles	Update	Ø Compliant	Satisfied 9
Survey Forms	Meningococcal ACYW	Update	Not Compliant	No Data 🔁
Immunizations	Mumps	Update	Ø Compliant	Satisfied 1
🖙 Log Out	Pertussis (Tdap)	Update	Ocmpliant	Satisfied 🔁
	Rubella	Update	Ø Compliant	Satisfied 0
	TB Screening Questions	Submitted	Ompliant	Satisfied 0
	Tuberculosis Testing	Update	Not Compliant	No Data
	Varicella	Update	Compliant	Satisfied 0

Please note the immunization requirements in the blue box

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

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.

oses o	f Meas	les or N	AMR \	<i>laccin</i>
JU303 U	INCOS		MINIES V	dicterrit

Date 1	Vaccine1	
MM/DD/YYYY	Select one	~
Date 2	Vaccine2	
MM/DD/YYYY	Select one	~
Measles Antibody Titer (blood test)		
Measles Antibody Titer (blood test)	Result clear	
Measles Antibody Titer (blood test) Date	Result clear	

Dor	Cancel

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

Details
No Data 🕄
No Data
No Data 🚯
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No Data

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Language: English (United State

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

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

Medical Clearances for John Applicant

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

Items required for clearance:

Your immunization changes have been saved successfully.

✓ Success

Clearance		Status	Details
Immunization Record	Update	Ocompliant	Satisfied 0
Influenza	Update	🧭 Compliant	Satisfied 0
Measles	Update	🧭 Compliant	Satisfied 1
Mumps	Update	Ø Compliant	Satisfied 0
Pertussis (Tdap)	Update	Ø Compliant	Satisfied 1
Rubella	Update	Ocompliant	Satisfied 0
TB Screening Questions	Update	Ocmpliant	Satisfied 0
Varicella	Update	Ø Compliant	Satisfied 0

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Print

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:

Enter the dates of immunization for ALL immunizations
 Upload a copy of your immunization record (Required)
 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		Ocompliant	Satisfied 3	
Influenza		Update	 Compliant 	Satisfied 0	
	Measles		If after completing your TB screening		
TB testing is NOT for everyone, however all incoming students must complete the TB screening questions.		Update	questionnaire you see Tuberculosis testing and/or chest x-ray, you will need to complete a TB test within 12		
		Update			
		Update	months of your	^r first attendance date.	
	Rubella	Update	Ø Compliant	Satisfied ()	
	TB Screening Questions	Submitted	Ocompliant	Satisfied 0	
	Tuberculosis Testing	Update	Ont Compliant	No Data 🚯	
updale	Varicella	Update	Compliant	Satisfied 0	

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Home	TB Skin Test		
Profile	Date	Read Date	
Medical Clearances Not subtrand	MM/DD/YYY		
Appointments	O Positive O Negative		m
Groups/Workshops	TB Skin Test Results		
Handouts	Upload Please upload a copy of your skin test result		
Messages 24 ummaa			
hara will ha a faw antic	T-SPOT TB Blood Test		

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 <u>TWO</u> dates

Please upload a copy of your chest x-ray

Cancel

Upload Please upload a copy of your skin lest result	
T-SPOT TB Blood Test	
Date MM/DD/YYYY TB Spot Test Results Upload Please upload a copy of your lab result	Result clear O Positive O Negative O Borderline O Invalid
Quantiferon Gold TB Blood Test Date MM/DD/YYYY Quantiferon-Gold Test Results	Result <mark>clear</mark> O Positive O Negative O Indeterminate
Uplease Please upload a copy of your lab result Chest X-Ray Date	Result clear
MM/DD/YYYY Chest X-Ray Results	O Positive O Negative

	Result dear	Induration	
Home	O Positive O Negative		mm
Profile	TB Skin Test Results		
Medical Clearances Not Satisfied	Upload Please upload a copy of your skin test result		
Appointments			
Groups/Workshops	T-SPOT TB Blood Test		
Handouts	Date	Result clear	
Messages 24 Unread	12/20/2020	○ Positive ● Negative ○ Borderline ○ Invalid	
Letters	TB Spot Test Results		
Downloadable Forms	Upload INDUT y Please upload a copy of your lab result result	our <u>date</u> and or the test you	
	receive	ed. Then click	
Insurance Card		Jpload.	
Survey Forms			
Immunizations	Quantiferon Gold TB Blood Test		
Ge Log Out	Date	Result clear	
	MM/DD/YYYY	O Positive O Negative O 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.

TEST

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

Looks Good

Cancel Upload

1/1.10/17/17/

Chest X-Ray Results

📥 Joan Applicant -

Student Health & Counseling Services		📇 Joan Applicant 🗧
Home	Date 12/20/2020	Result clear O Positive Negative O Borderline O Invalid
Medical Clearances Not Satisfied	TB Spot Test Results Upload Please upload a copy of your lab result	Test.png
Appointments Groups/Workshops		Remove Edit/Comment
Handouts Messages 24 Unread	Quantiferon Gold TB Blood Test	
Letters Downloadable Forms	Date MM/DD/YYYY	Result Clear O Positive O Indeterminate
Forms 8 to Complete	Quantiferon-Gold Test Results Upload Please upload a copy of your lab result	
Survey Forms Immunizations	Chest X-Ray	
Click submit at the end of the page	Date MM/DD/YYYYY Chest X-Ray Results Upload Please upload a copy of your chest x-ray	Result clear
	Submit Callel	

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

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 imit

Overall Clearance Status: 🕢 Satisfied

Items required for clearance:

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,

Clearance		Status	Details
Immunization Record	Update	Ocmpliant	Satisfied 0
Influenza	Update	Ocompliant	Satisfied 0
Measles	Update	Ocmpliant	Satisfied 1
Meningococcal ACYW	Update	Ocompliant	Satisfied 0
Mumps	Update	Ocompliant	Satisfied 0
Pertussis (Tdap)	Update	Ocompliant	Satisfied 0
Rubella	Update	Ompliant	Satisfied 0
TB Screening Questions	Submitted	Oompliant	Satisfied 0
Tuberculosis Testing	Update	Ocmpliant	Satisfied 0
Varicella	Update	Ocompliant	Satisfied 0