

# Step-by-Step Instructions for uploading your COVID-19 and Other Vaccine Records



Click Here



Student Health Patient Portal

UC Immunization and TB Requirements

**HELP! I'm NON-COMPLIANT**

If you recently received a notice stating that you are currently non-compliant with

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1

**Enter Date of Birth**

Welcome back! To confirm your identity, you must provide the following additional personal information:

Please confirm your Date of Birth:

Apr ▾ 15 ▾ 1999

2

**Click Here**

Proceed

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## Home for ISABEL ANTEATER

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### Updated April 20, 2021

**ALERT – COVID-19 VACCINES ARE NOW AVAILABLE IN CALIFORNIA TO INDIVIDUALS AGES 16 AND OVER. ALL STUDENTS ARE STRONGLY ENCOURAGED TO BECOME FULLY VACCINATED AS SOON AS POSSIBLE.**

Remember to upload your COVID-19 vaccination record as well as other vaccination and TB testing records to this portal.

For step-by-step instructions on how to upload your COVID-19 and other immunization records, enter your vaccine dates and complete the TB Risk Screening Form on the Student Health Patient Portal, click here >>> [Student Vaccine Upload Instructions](#)

For information regarding vaccination sites in Orange County and throughout the state and for continuous updates regarding COVID-19, please visit the [UCI Coronavirus Information Hub](#). COVID-19 vaccines are not currently available at Student Health Center.

### COVID-19 Weekly Asymptomatic Testing is Mandatory for:

- Students residing on campus
- Students attending in-person classes
- Students residing within 10 miles of the campus
- Students who regularly attend onsite events or activities
- Students involved in campus-based research
- Students working on campus

## What do you want to do?

1. [Upload records used to complete UC requirements.](#)
2. Enter vaccination dates or test results:
  - a) [COVID 19](#)
  - b) [MMR](#) (Measles, Mumps, Rubella)
  - c) [Meningococcal ACYW](#), if applicable.
  - d) [Pertussis](#) (Tdap)
  - e) [Varicella](#)
3. [Complete TB Risk Assessment Form.](#)
4. [Enter TB test results & upload records](#), if applicable.
5. [Download/Upload TB Health Assessment Form](#), if applicable.

# Upload the records you will be using to complete your UC requirements.

**UCI** Wellness, Health & Counseling Services ISABEL ANTEATER -

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## Medical Clearances for ISABEL ANTEATER

Please complete this form to the best of your knowledge. You may need to refer to your childhood immunization records for accurate dates.  
Personal exceptions are not permitted. If you feel you need a medical exception, please download [this form](#) and follow the instructions provided.

**New Student TB Risk Screening and Immunization Forms:**  
New students must complete TB Risk Screening and Immunizations compliance forms by the appropriate deadline.

- TB Screen - Risk Form Questionnaire
- Upload Immunization Records

The compliance deadline is April 3, 2023 for students entering in Spring Quarter 2023. In addition to the TB testing and four (4) required immunizations for incoming students, please note that the University may require COVID-19 and flu vaccinations for all incoming and continuing students prior to arriving on campus for the Spring 2023 term. Visit this [portal](#) and the [Student Health Center Website](#) regularly for updates. For step-by-step instructions on how to upload your immunization records, enter your vaccine dates and complete the TB Risk Screening Form on the [Student Health Patient Portal](#), click here >>> [Student Vaccine Upload Instructions](#).

Incoming students must comply with these requirements regardless of place of residence and mode of instructions during the Spring term. Academic holds will be applied to non-compliant students preventing enrollment in either Summer classes or Fall quarter/semester 2023 classes.  
A temporary exemption will be granted to International students who cannot obtain one or more of the required vaccines within their home country. However, International students should complete all other requirements as soon as possible and they will be expected to obtain the remaining vaccine(s) upon their arrival on campus in any subsequent term.

To ensure a safe and healthy campus community and to avoid the possibility of missing the deadline, [the University strongly recommends that all incoming students complete these requirements prior to arriving at UCI](#). Prior to beginning the forms, you will need to gather your health records, including medication and immunization records. If necessary, review your records and your family health history with family members prior to completing these forms and uploading records.

If you have questions about submitting TB/immunization records, contact the Student Health Center by secure message through this portal, by phone at (949) 824-4348, or by email at [shc-immunization@uci.edu](mailto:shc-immunization@uci.edu). More information on health requirements for all students can be found at: <https://shc.uci.edu/new-student-information> and <https://shc.uci.edu/new-student-information/immunization-requirements>.

Overall Clearance Status: ✖ Not Satisfied  
CURES report - Counseling Center: None  
CURES report - Student Health: None

**Items required for clearance:**

Clearance	Status	Details
COVID-19 Annual	<span style="background-color: #27ae60; color: white; padding: 2px;">Update</span> <span style="color: green;">✔</span> Compliant	Satisfied <span style="color: blue;">📄</span>
Measles	<span style="background-color: #27ae60; color: white; padding: 2px;">Update</span> <span style="color: green;">✔</span> Compliant	Satisfied <span style="color: blue;">📄</span>
Mumps	<span style="background-color: #27ae60; color: white; padding: 2px;">Update</span> <span style="color: green;">✔</span> Compliant	Satisfied <span style="color: blue;">📄</span>
Pertussis (Tdap)	<span style="background-color: #27ae60; color: white; padding: 2px;">Update</span> <span style="color: green;">✔</span> Compliant	Satisfied <span style="color: blue;">📄</span>
Rubella	<span style="background-color: #27ae60; color: white; padding: 2px;">Update</span> <span style="color: green;">✔</span> Compliant	Satisfied <span style="color: blue;">📄</span>
TB Screen - Risk Form	<span style="background-color: #27ae60; color: white; padding: 2px;">Update</span> <span style="color: green;">✔</span> Compliant	Satisfied <span style="color: blue;">📄</span>
Varicella	<span style="background-color: #27ae60; color: white; padding: 2px;">Update</span> <span style="color: green;">✔</span> Compliant	Satisfied <span style="color: blue;">📄</span>

**Additional items NOT required for clearance:**

Clearance	Status	Details
Immz Record Upload	<span style="background-color: #27ae60; color: white; padding: 2px;">Update</span> <span style="color: green;">✔</span> Compliant	Satisfied <span style="color: blue;">📄</span>

**Click Here**

# 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 8/18/2020 10:59 AM

Show Uploaded Document

Status: Upload Required

### Additional Uploads

Upload

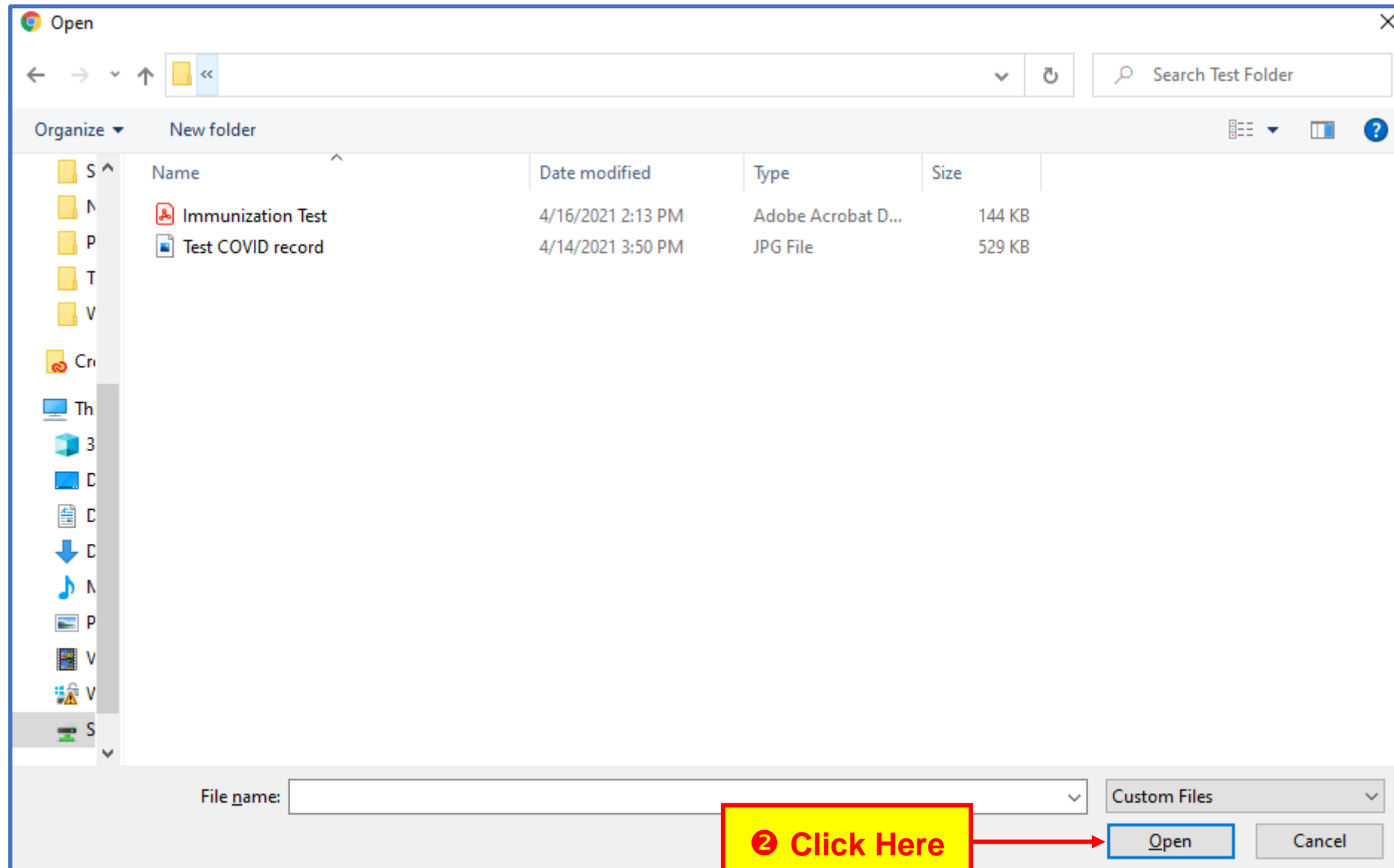


Click Here



Cancel Save

**1 Select the record you want to upload.**





# Verify Upload

Does this image look correct? If it looks wrong for any reason, click Cancel Upload and upload a new image.

056b15fd-6649-4333-... 1 / 1 | - 90% + | [Zoom In] [Zoom Out] [Download] [Print] [More]

### Immunization History Report

UCI Student Health

CAIR ID: **987654321** Medical Record Number: **123456789** Tracking Schedule: **ACIP**

Patient Name: **ALMA ANTEATER**  
Birth Date: **04/15/199** Gender: **Female**

Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Mfg Code	Lot #	Bod Rt	Bod St	Provider of Information	Shot Giver	VIS Date	React
COVID-19	02/09/2021	1 of 2	COVID-19, [Pfizer COVID-19 Vaccine (S)]	Full		EP6955X	IM	LA	CVS CORPORATE			
	04/10/2021	2 of 2	COVID-19, [Pfizer COVID-19 Vaccine (S)]	Full		EXW0151	IM	LD	CVS CORPORATE			
Influenza-seasonl	11/21/2019	Boost	Flu quadrivalent injectable MDCK phree	Full		26X2637	IM	LA	CVS CORPORATE			
Men ACWY	11/21/2019	1 of 1	MCV4P	Full		UBX586AA	IM	LA	CVS CORPORATE			
MMR	08/24/2019	1 of 2	MMR	Full		RDX29513	SC	LA	PHARMACY			
Td/Tdap	08/24/2019	1 of 3	Tdap	Full		43E4XT	IM	LA	PHARMACY		02/24/2015	
Varicella	08/24/2019	1 of 2	Varicella	Full		RD3061X1	SC	RA	PHARMACY			

**Reaction Descriptions:**  
No Records Found.

\*Reactions not available for this level of User access

**Patient Comments:** Start Date: End Date:  
No Records Found.

\*Comments other than History of Varicella will not appear for this level of User Access

Cancel Upload

Click Here

Looks Good

### 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 8/18/2020 10:59 AM

Show Uploaded Document

Status: Upload Required

Additional Uploads

Upload

Bio 199 Form - ... Immunization R... Immunization R... Immunization R...

Click Here → Cancel Save

If you do not click on Save, your records will not transmit to your medical record.

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# Enter COVID-19 vaccination dates.


Start from Medical Clearances.

Items required for clearance:

Clearance	Status	Details
COVID-19 Annual	Compliant	Satisfied ⓘ
Measles	Compliant	Satisfied ⓘ
Mumps	Compliant	Satisfied ⓘ
Pertussis (Tdap)	Compliant	Satisfied ⓘ
Rubella	Compliant	Satisfied ⓘ
TB Screen - Risk Form	Compliant	Satisfied ⓘ
Varicella	Compliant	Satisfied ⓘ

Additional items NOT required for clearance:

Clearance	Status	Details
Immz Record Upload	Compliant	Satisfied ⓘ



## COVID-19 Vaccine

Please self-enter the dates for your COVID-19 immunization series and booster shot.

### COVID-19 Vaccination Card Upload

Upload

Please upload a copy of your vaccination card



### COVID-19 Vaccine History

Add Immunization

Immunization

Administered Date

No history to display

**1**  
Click here to  
enter vaccination  
date.



Done

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# Enter MMR vaccination dates or blood test results.

Start from Medical Clearances.

## Items required for clearance:

Clearance		Status	Details
COVID 19	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Immz Record Upload	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Influenza		✘ Not Compliant	No Data ⓘ
Measles	<a href="#">Update</a>	✘ Not Compliant	No Data ⓘ
Mumps	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Pertussis (Tdap)	<a href="#">Update</a>	✘ Not Compliant	No Data ⓘ
Rubella	<a href="#">Update</a>	✘ Not Compliant	No Data ⓘ
TB Screen - Risk Form	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Varicella	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ

Click on any Update button next to Measles, Mumps, or Rubella.

Enter vaccination information OR blood test results.

### Measles (rubeola)

2 doses; first dose on or after age one - OR - Titer (blood test) showing immunity.

#### Doses of Measles or MMR Vaccine

Date 1	Vaccine1
<input type="text" value="MM/DD/YYYY"/>	Select one... Select one... Measles (Measles) Measles/Rubella (Measles & Rubella) MMR (Measles-Mumps-Rubella) MMRV (Measles-Mumps-Rubella-Varicella)
Date 2	
<input type="text" value="MM/DD/YYYY"/>	

#### Measles Antibody Titer (blood test)

Date	Result
<input type="text" value="MM/DD/YYYY"/>	<input type="radio"/> Positive <input type="radio"/> Negative

Cancel Done

1  
Enter  
vaccination  
dates here.

OR

1  
Enter blood test  
date here.

2  
Select type of  
vaccine received.

2  
Select test result.

Click Here  
when done.

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# Enter Meningococcal ACYW vaccination date ONLY if listed as an item required for clearance.

Start from Medical Clearances.

Items required for clearance:

Clearance		Status	Details
COVID 19	<a href="#">Update</a>	<span>✖</span> Not Compliant	Not Satisfied ⓘ
Immz Re	<a href="#">Update</a>	<span>✔</span> Compliant	Satisfied ⓘ
Measles	<a href="#">Update</a>	<span>✖</span> Not Compliant	No Data ⓘ
Meningococcal ACYW	<a href="#">Update</a>	<span>✔</span> Compliant	Satisfied ⓘ
Mumps	<a href="#">Update</a>	<span>✔</span> Compliant	Satisfied ⓘ
Pertussis (Tdap)	<a href="#">Update</a>	<span>✖</span> Not Compliant	No Data ⓘ
Rubella	<a href="#">Update</a>	<span>✖</span> Not Compliant	No Data ⓘ
TB Screen - Risk Form	<a href="#">Update</a>	<span>✔</span> Compliant	Satisfied ⓘ
Varicella	<a href="#">Update</a>	<span>✖</span> Not Compliant	Not Satisfied ⓘ

Click Here



## Meningococcal

×

Please enter the date of your latest dose. The dose must have been administered on or after the age of 16 if your current age is 21 years and under

### Doses of MenACWY

Date 1

MM/DD/YYYY

Vaccine 1

Select one...

❶  
Enter  
vaccination  
date here.

❷  
Select type of  
vaccine received.

❸ Click Here

Cancel

Done

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# Enter Tdap vaccination date.

Start from Medical Clearances.

Items required for clearance:

Clearance		Status	Details
COVID 19	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Immz Record Upload	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Influenza		✘ Not Compliant	No Data ⓘ
Measles	<a href="#">Update</a>	✘ Not Compliant	No Data ⓘ
Mumps	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Pertussis (Tdap)	<a href="#">Update</a>	✘ Not Compliant	No Data ⓘ
Rubella	<a href="#">Update</a>	✘ Not Compliant	No Data ⓘ
TB Screen - Risk Form	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Varicella	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ

**Click Here**



## Tetanus / Diphtheria / Pertussis

×

### Doses of Tdap Vaccine

Date 1

MM/DD/YYYY

Vaccine1

Select one...

▼

①  
Enter  
vaccination  
date here.

②  
Select type of  
vaccine received.

③ Click Here

Cancel

Done

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# Enter Varicella vaccination dates or blood test results.

Start from Medical Clearances.

Items required for clearance:

Clearance		Status	Details
COVID 19	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Immz Record Upload	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Influenza		✘ Not Compliant	No Data ⓘ
Measles	<a href="#">Update</a>	✘ Not Compliant	No Data ⓘ
Mumps	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Pertussis (Tdap)	<a href="#">Update</a>	✘ Not Compliant	No Data ⓘ
Rubella	<a href="#">Update</a>	✘ Not Compliant	No Data ⓘ
TB Scre	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Varicella	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ

**Click Here**



Enter vaccination information OR blood test results.

## Varicella (chicken pox)

2 doses; first dose on or after age one - OR - Titer (blood test) showing immunity.

### Doses of Varicella Vaccine

Date 1

MM/DD/YYYY

Vaccine1

Select one...

Date 2

MM/DD/YYYY

Vaccine2

Select one...

1  
Enter  
vaccination  
dates here.

2  
Select type of  
vaccine received.

OR

1  
Enter blood test  
date here.

### Varicella Zoster Antibody Titer (blood test)

Date

MM/DD/YYYY

Result clear

Positive  Negative

2  
Select test result.

Click Here  
when done.

Cancel



















Done

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# Complete TB Risk Assessment Questionnaire

Further recommendations may be made when completed.

Items required for clearance:

Clearance		Status	Details
COVID 19	<a href="#">Update</a>	 Compliant	Satisfied 
Immz Record Upload	<a href="#">Update</a>	 Compliant	Satisfied 
Influenza		 Not Compliant	No Data 
Measles	<a href="#">Update</a>	 Not Compliant	No Data 
Mumps	<a href="#">Update</a>	 Compliant	Satisfied 
Pertussis (Tdap)	<a href="#">Update</a>	 Not Compliant	No Data 
Rubella	<a href="#">Update</a>	 Not Compliant	No Data 
TB Screen - Risk Form	<a href="#">Update</a>	 Compliant	Satisfied 
Varicella	<a href="#">Update</a>	 Compliant	Satisfied 

**Click Here**



**Answer all questions.**

## 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.

**Click Here**

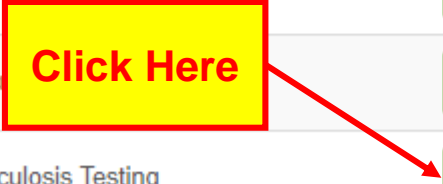
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# Submit TB test ONLY if listed as an item required for clearance.

Test must be dated within 1 year of your first attendance at UCI.

Items required for clearance:

Clearance		Status	Details
COVID 19	<a href="#">Update</a>	Not Compliant	Not Satisfied ⓘ
Immz Record Upload	<a href="#">Update</a>	Compliant	Satisfied ⓘ
Influenza		Not Compliant	Not Satisfied ⓘ
Measles	<a href="#">Update</a>	Not Compliant	No Data ⓘ
Mumps	<a href="#">Update</a>	Compliant	Satisfied ⓘ
Pertussis (Tdap)	<a href="#">Update</a>	Not Compliant	No Data ⓘ
Rubella	<a href="#">Update</a>	Not Compliant	No Data ⓘ
TB Sc	<a href="#">Update</a>	Compliant	Satisfied ⓘ
Tuberculosis Testing	<a href="#">Update</a>	Not Compliant	Not Satisfied ⓘ
Varicella	<a href="#">Update</a>	Not Compliant	Not Satisfied ⓘ



Enter TB Skin Test (TST) information OR TB blood test results (see next slide for instructions).

1  
Enter date TST was placed

2  
Enter date TST was read

3  
Enter TST results

4  
Enter TST measurement of induration

5  
Upload TST record

Click Here when done.

### Tuberculosis Testing

#### TB Skin Test

Date

Read Date

Result  Positive  Negative

Induration

TB Skin Test Results

Please upload a copy of your skin test result

#### T-SPOT TB Blood Test

Date

Result  Positive  Negative  Borderline  Invalid

TB Spot Test Results

Please upload a copy of your lab result

#### Quantiferon Gold TB Blood Test

Date

Result  Positive  Negative  Indeterminate

Quantiferon-Gold Test Results

Please upload a copy of your lab result

#### Chest X-Ray

Date

Result  Positive  Negative

Chest X-Ray Results

Please upload a copy of your chest x-ray



Enter TB Skin Test (TST) information (see previous slide for instructions) **OR TB blood test results.**

### Tuberculosis Testing

#### TB Skin Test

Date:  Read Date:

Result:  Positive  Negative

Induration:  mm

Upload  Please upload a copy of your skin test result

#### T-SPOT TB Blood Test

Date:  Result:  Positive  Negative  Borderline  Invalid

Upload  Please upload a copy of your lab result

#### Quantiferon Gold TB Blood Test

Date:  Result:  Positive  Negative  Indeterminate

Upload  Please upload a copy of your lab result

#### Chest X-Ray

Date:  Result:  Positive  Negative

Upload  Please upload a copy of your chest x-ray

1  
Enter blood test date under test performed.

2  
Enter blood test result under test performed.

3  
Upload TB blood test lab report.

Click Here when done.

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# Complete TB Clearance Assessment ONLY if listed as an item required for clearance.

Items required for clearance:

Clearance		Status	Details
COVID 19	<a href="#">Update</a>	✘ Not Compliant	Not Satisfied ⓘ
Immz Record Upload	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Influenza		✘ Not Compliant	Not Satisfied ⓘ
Measles	<a href="#">Update</a>	✘ Not Compliant	No Data ⓘ
Mumps	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Pertussis (Tdap)	<a href="#">Update</a>	✘ Not Compliant	No Data ⓘ
Rubella	<a href="#">Update</a>	✘ Not Compliant	No Data ⓘ
TB Clearance Assessment	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
TB Nurse Review		✘ Not Compliant	No Data ⓘ
TB Screen - Risk Form	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Varicella	<a href="#">Update</a>	✘ Not Compliant	Not Satisfied ⓘ

**Click Here** →

## TB Clearance



TB Clearance **Upload Needed**

Please download, print the form, and have it completed and signed by a Licensed Health Care Provider

Download

Upload Received 5/1/2020 1:07 PM

Preview

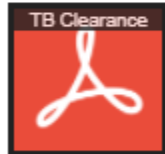
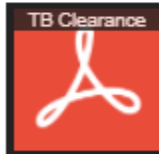
Download

Show Uploaded Document

Status: Upload Required

Additional Uploads

Upload



**1**  
**Download TB Health Assessment Form**

Print form and have it completed by your primary care provider.

**2**  
**Upload completed TB Health Assessment Form**

You must also upload a chest x-ray radiology report dated within 1 year of first attendance date if it is noted on your form.

**Click Here when done.**

Cancel

Save

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