

# 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

## Quick Links

[Emergency Services/After Hours Care](#)

[Reporting Discrimination, Sexual Violence and Sexual](#)

**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

Cancel

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## NEW Zoom Telehealth Instructions (as of 9/14/2023)

### Update

#### Vaccine Updates

To comply with UCI's immunization requirements, ALL incoming students are REQUIRED to obtain:

- MMR, Varicella, Tdap, and Meningitis ACWY vaccination
- COVID-19 vaccination
- Seasonal Flu vaccination
- <https://shc.uci.edu/new-student-information/immunization-requirements>

Medical Exemptions may be considered for students with medical conditions which may be contraindications for the following required vaccines:

- MMR
- Varicella
- Tdap
- Meningococcal ACWY
- <https://shc.uci.edu/immunization-requirements/exemptions>

Declination Letters may be submitted for the following vaccines, without the need for a Medical Exemption request:

- Seasonal Influenza
- COVID-19
- <https://shc.uci.edu/immunization-requirements/exemptions>

Click Here for more information on "Where to get your Vaccines"

- [Where to Get Your Vaccines | UCI Student Health Center](#)

**IMPORTANT REMINDER:** Students who have obtained all of the required immunizations are not deemed to be compliant until they have completed the TB screening and, if necessary, TB testing; uploaded all vaccination records; uploaded TB testing records, if applicable; and entered their vaccination dates 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](#)

Contact the Student Health Center at 949-824-5301 or by email at [shc-immunization@uci.edu](mailto:shc-immunization@uci.edu) for assistance. This email address is not secure and protected health information and/or personally identifiable information should only be sent to SHC utilizing this portal.

Request an exemption, exception or deferral:

For COVID-19 and certain other vaccinations, students may request a medical exemption, disability exception, religious belief exception or deferral during pregnancy. To download the request forms, visit the SHC website [here](#). To submit a request form on this portal:

- From the left sidebar, click on "Upload Images/Clearance Forms" and upload the completed/signed form that applies to the type of exemption, exception or deferral that you are requesting.
- For questions regarding the exemption process, select "Messages" from the left sidebar.

## 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.

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

Click Here

Upload

Bio 199 Form - ...

Immunization R...

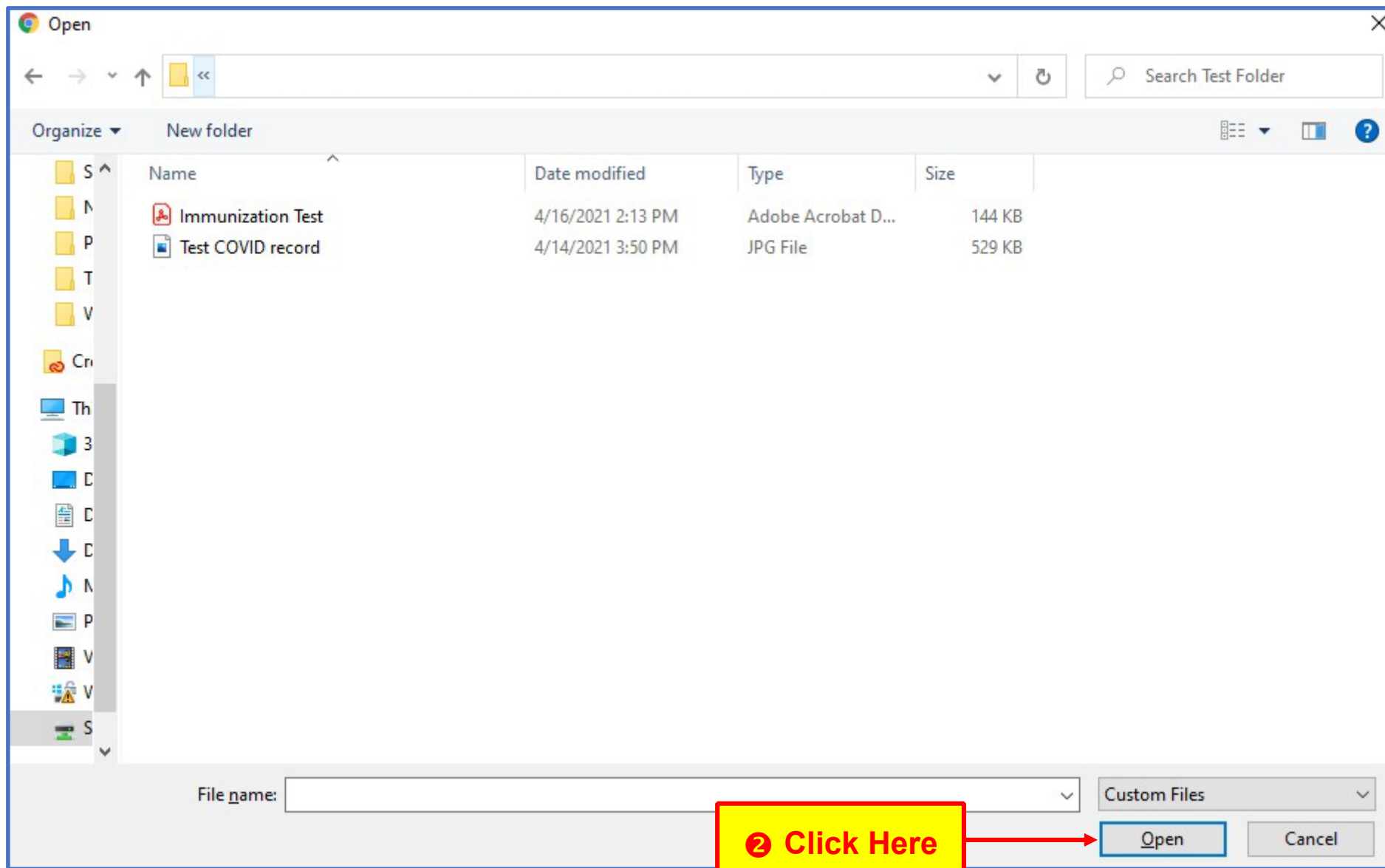
Immunization R...

Immunization R...

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% +     

### 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 6]	Full		EP6955X	IM	LA	CVS CORPORATE			
	04/10/2021	2 of 2	COVID-19, [Pfizer COVID-19 Vaccine 6]	Full		EXW0151	IM	LD	CVS CORPORATE			
Influenza-seasn	11/21/2019	Boost	Flu quadrivalent injectable MDCK pfree	Full		26X2637	IM	LA	CVS CORPORATE			
Men ACWY	11/21/2019	1 of 1	MCV4P	Full		UEX586AA	IM	LA	CVS CORPORATE			
MMR	08/24/2019	1 of 2	MMR	Full		RD029513	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:**  
No Records Found.

Start Date: End Date:

\*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.

[Back to menu](#)

# Enter COVID-19 vaccination dates.

Start from Medical Clearances.

## Items required for clearance:

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

## Additional items NOT required for clearance:

Clearance		Status	Details
Immz Record Upload	Update	✓ 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

# 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.**

The screenshot shows a web form titled "Measles (rubeola)". At the top, it states "2 doses; first dose on or after age one - OR - Titer (blood test) showing immunity." Below this, there are two main sections: "Doses of Measles or MMR Vaccine" and "Measles Antibody Titer (blood test)".

**Annotations:**

- 1 Enter vaccination dates here.** (Red box) points to the "Date 1" and "Date 2" input fields in the "Doses of Measles or MMR Vaccine" section.
- OR** (Yellow box) is placed between the two main sections.
- 1 Enter blood test date here.** (Blue box) points to the "Date" input field in the "Measles Antibody Titer (blood test)" section.
- 2 Select type of vaccine received.** (Red box) points to the "Vaccine1" dropdown menu in the "Doses of Measles or MMR Vaccine" section.
- 2 Select test result.** (Blue box) points to the "Result" section in the "Measles Antibody Titer (blood test)" section, which includes radio buttons for "Positive" and "Negative".
- Click Here when done.** (Yellow box) points to the "Done" button at the bottom right of the form.

**Form Fields:**

- Doses of Measles or MMR Vaccine:**
  - Date 1: MM/DD/YYYY
  - Date 2: MM/DD/YYYY
  - Vaccine1: Select one... (dropdown menu with options: Measles (Measles), Measles/Rubella (Measles & Rubella), MMR (Measles-Mumps-Rubella), MMRV (Measles-Mumps-Rubella-Varicella))
- Measles Antibody Titer (blood test):**
  - Date: MM/DD/YYYY
  - Result: clear (button), ☐ Positive, ☐ Negative

**Buttons:** Cancel, Done

# 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>	✖ Not Compliant	Not Satisfied ⓘ
Immz Re	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
Measles	<a href="#">Update</a>	✖ Not Compliant	No Data ⓘ
Meningococcal ACYW	<a href="#">Update</a>	✔ Compliant	Satisfied ⓘ
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>	✖ 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...



**1**  
**Enter  
vaccination  
date here.**

**2**  
**Select type of  
vaccine received.**

**3 Click Here**

Cancel Done



# 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

# 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 Screen	<a href="#">Update</a>	✓ Compliant	Satisfied ⓘ
Varicella	<a href="#">Update</a>	✓ Compliant	Satisfied ⓘ

**Click Here**

Enter vaccination information OR blood test results

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.

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...

Varicella Zoster Antibody Titer (blood test)

Date

MM/DD/YYYY

Result

clear

Positive

Negative

Cancel

Done

# 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.

Submit











Cancel

**Click Here**

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

**Click Here**



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

MM/DD/YYYY

Read Date

MM/DD/YYYY

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

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

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

**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

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.

[Back to menu](#)

## 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 

## TB Clearance

### ① Download TB Health Assessment Form

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

TB Clearance **Upload Needed**

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

Download

Preview

Download

Upload Received 5/1/2020 1:07 PM

Show Uploaded Document

Status: Upload Required

Additional Uploads

Upload



### 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

[Back to menu](#)