Click here to enter the Patient Portal

Event Calendar

- **18 SEP** | **Student Health Center Closed for the Fall Staff Business Meeting and Inservice**
- **21 SEP** | **Last Day to Pre-Register for the September Health Clearance and Immunization Fair**
- **24 SEP** | **Fall Quarter Starts; Health Insurance Coverage Begins for Students Enrolled in UC SHIP**
- **26 SEP** | **"Health Clearance-Immunization Fair" for New Incoming Students: Complete Your TB Screening and Immunization Requirements Before the October 26th Deadline!**
- **27 SEP** | **"Health Clearance-Immunization Fair" for New Incoming Students: Complete Your TB Screening and Immunization Requirements Before the October 26th Deadline!**
Home for Test Patient12

You last logged in: 9/14/2018 1:06:49 PM

You have 2 Forms awaiting completion.

- TB Initial Risk Screening - REQUIRED
- Immunization Form - REQUIRED

You Can Receive Text Message Appointment Reminders and Other Alerts: Enable Text Messages

2018-19 New Student Admission Health Requirements:
If you have questions about submitting TB/immunization records, contact the Student Health Center by secure message through this portal, by phone at (949) 824-5304, information on new student TB screening and immunization requirements can be found at: https://shc.uci.edu/new-student-information/immunization-requirements

Upcoming Maintenance:
The WHCS web portal will be inaccessible on 9/16/18 from 12:01 am to 12:31 am.

The WHCS Patient Portal is a secure and confidential method to access services and securely communicate with several departments under UCI Wellness, through this portal:

- Student Health Center (More info: http://www.shc.uci.edu/about/patient-portal)
- Complete new student admission health requirements (immunizations/TB risk)
- Schedule appointments (same-day appointments available)
- Complete initial form(s)
- Securely message questions and requests (including prescription refills)
- View billing statements

Student Health Quick Links
- Make appointments
- Request a Medication Refill
- Upload Immunizations/TB
- Secure Message Inbox

These are the 2 most important forms you need to complete for health clearance!!!

This link provides information about the Health Clearance.
Compliance Forms for Test Patient12

Name: Patient12, Test
School ID Number: T012
You can use the WH&CS Patient Portal to access, complete and view the status of the following forms from the appropriate department(s) under UCI Wellness, Health & Counseling Services.

NEW STUDENT FORMS

New students must complete TB Risk Screening and Immunizations compliance forms by the appropriate deadline.
- TB Initial Risk Screening Questionnaire
- Immunization Form
- Upload Immunization Records (see: on the left sidebar)

Note:
The deadline for compliance with these health requirements is **Friday, October 26, 2018** for all new freshman, transfer and graduate students. New, incoming Law students must complete these requirements by **Friday, October 19, 2018**. If you haven’t completed these requirements by the deadline date, an academic hold (Type 2) will be placed onto your record by SHC and you will be unable to enroll in Winter Quarter and/or Spring Quarter during the November enrollment period. To ensure a safe and healthy campus community and to avoid the possibility of missing the deadline, the University strongly recommends that all 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, and review your records and family health history with family members.

If you have questions about submitting TB/immunization records, contact the Student Health Center by secure message through this portal, by phone at (949) 824-5304, or by email at shc-immunizations@uci.edu. More information on new student admission health requirements can be found at: [www.shc.uci.edu/new-student-information](http://www.shc.uci.edu/new-student-information)

OTHER AVAILABLE WH&CS FORMS

Before you are seen at other offices within Wellness, Health & Counseling Services, you may be asked to complete one or more of the corresponding online forms listed below.

<table>
<thead>
<tr>
<th>Form Name</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB Initial Risk Screening</td>
<td>Not Yet Complete: Please provide the requested information with special attention to the required fields</td>
</tr>
<tr>
<td>Immunization Form</td>
<td>Saved But Not Submitted: Last saved 9/14/2018 3:52 PM</td>
</tr>
</tbody>
</table>

Another way to access the FORMS is to click here
NOW go back to the HOMEPAGE and Click on the TB Risk Screening first
TB Initial Risk Screening - REQUIRED

TB Risk Assessment Questionnaire

Check appropriate risk factor boxes below.

** 1. Have you previously tested positive for TB?
   - Yes
   - No

** 2. Foreign-born person (from a country with a known elevated TB rate)?
   Excludes those born in the United States, Canada, Australia, New Zealand, or a country in western or northern Europe
   - Yes
   - No

** 3. Immunosuppression, current or planned?
   HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (e.g., infliximab, etanercept, others), steroids (equivalent of prednisone =15 mg/day for =1 month) or other immunosuppressive medication
   - Yes
   - No

** 4. Close contact to someone with infectious TB disease at any time?
   - Yes
   - No

** 5. Foreign travel or residence of =1 month consecutively in a country with an elevated TB rate?
   - Yes
   - No

Click here to submit the final content of the form
(You cannot change items after the form has been submitted.)

Click here to cancel entering the form
(Currently entered changes will not be saved.)

Complete these 5 questions
And click SUBMIT FINAL
NOW go back to the HOMEPAGE and Click on the Immunization Form
Have all of your IMMUNIZATION documents ready.

Check with your High School as they may have records of your most recent immunizations.
If you have both doses of the MMR combination Immunization ... You may NOT have anything to enter for these 3 boxes

Start filling out the DATES for the IMMUNIZATIONS You have received

### Immunization Form - REQUIRED

**for Test Patient12**

Please see UC TB Screening and Immunization Requirements for more information.

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.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Proof of Immunization Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles, Mumps and Rubella (MMR)</td>
<td>2 doses, first dose on or after age one - OR - Titer (blood test) showing immunity.</td>
</tr>
<tr>
<td>Varicella (chickenpox)</td>
<td>2 doses, first dose on or after age one - OR - Titer (blood test) showing immunity.</td>
</tr>
<tr>
<td>Tetanus, Diphtheria and Pertussis (Tdap)</td>
<td>1 dose on or after age 7.</td>
</tr>
<tr>
<td>Meningococcal conjugate-- (Serogroups A, C, Y, &amp; W-135)</td>
<td>1 dose on or after age 16 for all students that are under 22 years of age (students 22 or older may leave blank).</td>
</tr>
<tr>
<td>Hepatitis B Vaccine (School of Medicine Students Only)</td>
<td>3 doses - AND - Titer (blood test) showing immunity (Non-School of Medicine Students may leave these blank).</td>
</tr>
</tbody>
</table>

**Required Immunizations**

1. **Measles, Mumps, and Rubella (MMR) Vaccine [UC Required]**
   
   Two (2) doses with first dose on or after 1st birthday
   
   **Date for Dose 1:** MMMYYYY
   
   **Date for Dose 2:** MMMYYYY

2. **Measles Blood Test (Titer) [if applicable]**
   
   Document Proof of positive immune titer (attach a copy of lab report)
   
   **Test Date:** MMMYYYY
   
   **Result:**
   - Positive
   - Negative

3. **Mumps Blood Test (Titer) [if applicable]**
   
   If you had a blood test for Mumps, please provide the date and result of titer.
   
   **Test Date:** MMMYYYY
   
   **Result:**
   - Positive
   - Negative

4. **Rubella Blood Test (Titer) [if applicable]**
   
   Document Proof of positive immune titer (attach a copy of lab report)
   
   **Test Date:** MMMYYYY
   
   **Result:**
   - Positive
   - Negative
If you have both doses of the VARICELLA Immunization ...

You may NOT have anything to enter here

You may have one, both, or neither of these Tdap or Td Immunizations, but please fill in whatever you have

Enter your TUBERCULOSIS (TB) Skin Test or Blood Test information here
Complete this if you are 21 years old or YOUNGER, but please enter any information even if you are older.

Hepatitis B is required for Medical Students, but please enter your Hep B information if available.
NOW we are ready to UPLOAD copies of your RECORDS

Click here to UPLOAD your IMMS Records...

And here to UPLOAD your TB Records
Choose your documents from your appropriate file folder and click Open.
You will see that your documents have been uploaded.
And click Open.

Do the same for your TB Records.

And click Open.
You will see that ALL of your documents have been UPLOADED
We are asking that you **NOT** use this button, as it is preventing us from seeing any work you have done.

BE SURE TO CLICK ON THIS BLUE BUTTON, even if you have not completed ALL of the requirements, or none of your work will be documented and you will get NO CREDIT!
Click this tab to check on your progress of meeting COMPLIANCE.
If you have ANY questions or concerns, click here to send us a Message.
Home for Test Patient12

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This page explains the details of the TB Screening and Immunization Requirements.