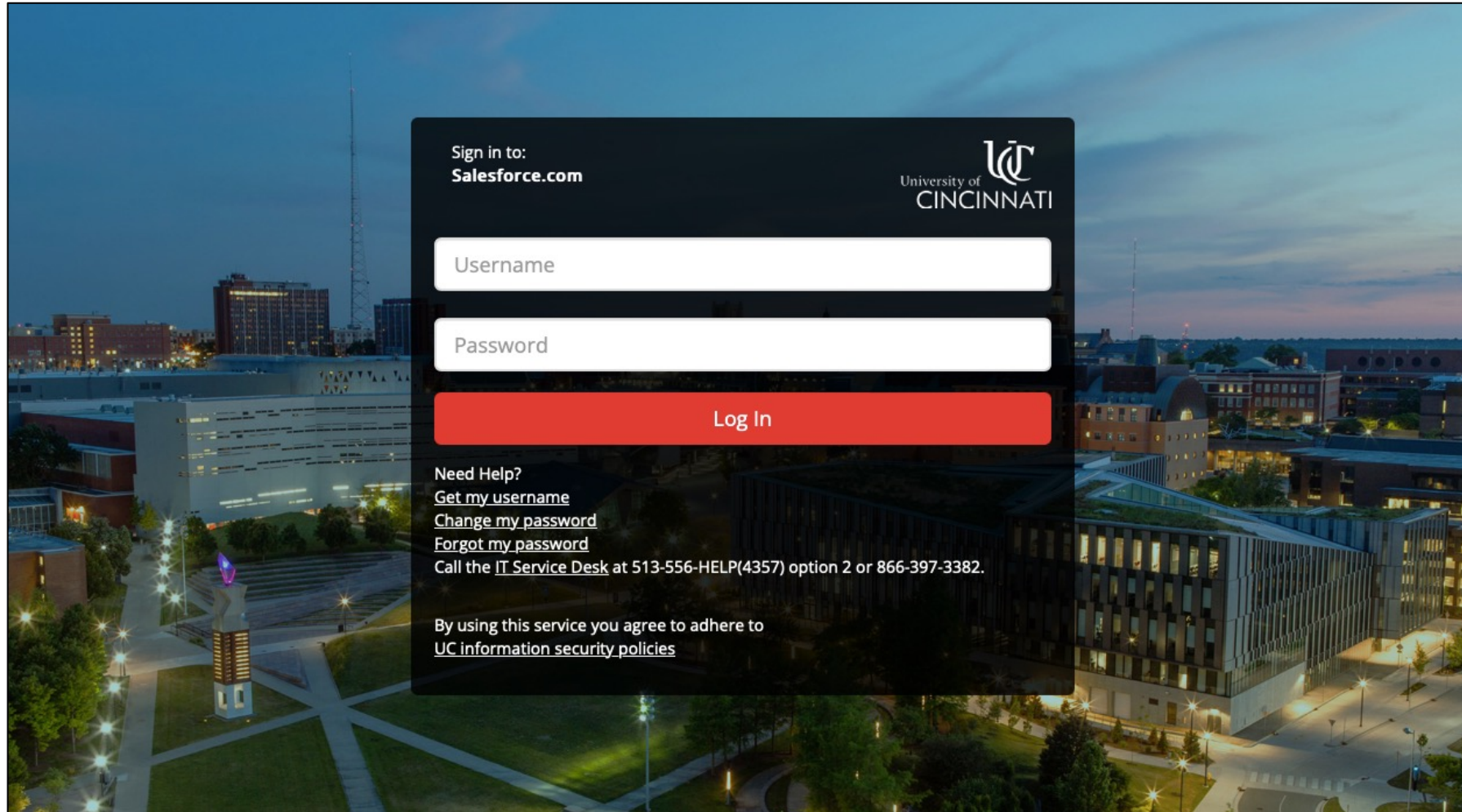


# Bearcats Health App

Health Sciences View

# Log in with UC credentials



Sign in to:  
**Salesforce.com**

University of  
**CINCINNATI**

Username

Password

Log In

Need Help?  
[Get my username](#)  
[Change my password](#)  
[Forgot my password](#)  
Call the [IT Service Desk](#) at 513-556-HELP(4357) option 2 or 866-397-3382.

By using this service you agree to adhere to  
[UC information security policies](#)

# Homepage

The screenshot shows the Cincinnati Health App homepage. At the top is a navigation bar with the Cincinnati logo and links for Home, My Immunization Status, Contact Us, Upload Filled Out Form, and My Documents. The main content area is titled 'Welcome Jen HealthStudent' and includes a message about keeping immunization status up to date. A 'Non Compliant' status is highlighted in a red box. A sidebar on the right lists missing immunizations. Below this is a link to 'Upload Flu Records Here'. The bottom section is a three-step process for uploading forms, with buttons for 'Download Form', 'Upload Form', and 'View Immunization Status'. Red circles and boxes with numbers 1-5 point to specific elements: 1 (Navigation bar), 2 (Missing immunizations list), 3 (Non Compliant status), 4 (Upload Flu Records Here link), and 5 (Step 1 instructions).

## Page Overview

1. Quick links
2. List of immunizations currently missing
3. Current compliance status
4. Shortcut to upload Flu Record
5. Steps & links for uploading forms

# Immunization Status Screen

# To View Immunization Status

The screenshot shows the CINCINNATI Health Student portal. At the top, there is a navigation bar with the CINCINNATI logo, a 'Home' link, a 'My Immunization Status' link (highlighted with a red box and an arrow), a 'Contact Us' link, an 'Upload Filled Out Form' link, and a 'My Documents' link. Below the navigation bar, the main content area is titled 'Welcome Jen HealthStudent'. A message states: 'Bearcats Health App will help ensure you keep your immunization status up to date. Our records show that you are currently "Non Compliant". Please use the three steps below to update your information.' Below this message is a link: 'Need to upload Flu records? Upload Flu Records Here'. To the right, a box lists missing immunizations: 'You are currently missing the following immunizations: MMR - Measles Mumps Rubella, Hepatitis B Immunization, Tetanus, Diphtheria, and Pertussis (Tdap), Varicella, Influenza, Meningitis combination (ACWY), Tuberculosis / TB (Baseline), Tuberculosis / TB (Screen)'. Below this, three steps are outlined: Step 1: Download your Health Sciences immunization form and complete it with your health care provider. Step 2: Once signed by your provider, upload and submit the signed Health Sciences immunization form. Outside forms can not be uploaded. You may upload partially completed forms. If returning to upload subsequent doses in a series, please list all dates of that series. Step 3: At any time check your compliance record to see what you still need to have done. At the bottom, there are three buttons: 'Download Form', 'Upload Form', and 'View Immunization Status'.

**My Immunization Status**

Home Contact Us Upload Filled Out Form My Documents

## Welcome Jen HealthStudent

Bearcats Health App will help ensure you keep your immunization status up to date. Our records show that you are currently **"Non Compliant"**. Please use the three steps below to update your information.

Need to upload Flu records? [Upload Flu Records Here](#)

You are currently missing the following immunizations:

- MMR - Measles Mumps Rubella
- Hepatitis B Immunization
- Tetanus, Diphtheria, and Pertussis (Tdap)
- Varicella
- Influenza
- Meningitis combination (ACWY)
- Tuberculosis / TB (Baseline)
- Tuberculosis / TB (Screen)

**Step 1**

Download your Health Sciences immunization form and complete it with your health care provider.

**Step 2**

Once signed by your provider, upload and submit the signed Health Sciences immunization form. Outside forms can not be uploaded.

You may upload partially completed forms. If returning to upload subsequent doses in a series, please list all dates of that series.

**Step 3**

At any time check your compliance record to see what you still need to have done.

[Download Form](#) [Upload Form](#) [View Immunization Status](#)

## Student Steps

Click to view full immunization summary with compliance status & reasons

# Status Screen Example: Non Compliant

**CINCINNATI** Home My Immunization Status Contact Us Upload Filled Out Form My Documents

## Immune Summary

### Jen HealthStudent - Health Sciences




UHS Tracking will help ensure you keep your immunization status up to date. Our records show that you are currently **Non Compliant**.

▼ Required Vaccines

Immunization	Compliance Status	Compliance Reason	Expiration Date	Button
MMR - Measles Mumps Rubella	Non Compliant			
Hepatitis B Immunization	Non Compliant			
Tetanus, Diphtheria, and Pertussis (Tdap)	Non Compliant			
Varicella	Non Compliant			
Influenza	Non Compliant			Influenza Upload
Meningitis combination (ACWY)	Non Compliant			
Tuberculosis / TB (Baseline)	Non Compliant			
Tuberculosis / TB (Screen)	Non Compliant			TB Requirement

> Recommended Vaccines

# Status Screen Example: Compliant

 CINCINNATI [Home](#) [My Immunization Status](#) [Contact Us](#) [Upload Filled Out Form](#) [My Documents](#)  

## Immunization Summary

### Jen HealthStudent - *Health Sciences*

UHS Tracking will help ensure you keep your immunization status up to date. Our records show that you are currently **"Compliant"**.

∨ Required Vaccines


Immunization	Compliance Status	Compliance Reason	Expiration Date	Button
MMR - Measles Mumps Rubella	Compliant			
Hepatitis B Immunization	Compliant			
Tetanus, Diphtheria, and Pertussis (Tdap)	Compliant			
Varicella	Compliant			
Influenza	Compliant			<a href="#">Influenza Upload</a>
Meningitis combination (ACWY)	Compliant			
Tuberculosis / TB (Baseline)	Compliant			
Tuberculosis / TB (Screen)	Compliant			<a href="#">TB Requirement</a>

> Recommended Vaccines



# Submitting Immunizations



# Step 1: Download Form

 CINCINNATI

[Home](#) [My Immunization Status](#) [Contact Us](#) [Upload Filled Out Form](#) [My Documents](#)

## Welcome Jen HealthStudent

Bearcats Health App will help ensure you keep your immunization status up to date. Our records show that you are currently **"Non Compliant"**. Please use the three steps below to update your information.

Need to upload Flu records? [Upload Flu Records Here](#)

**Step 1**

Download your Health Sciences immunization form and complete it with your health care provider.

[Download Form](#)

**Step 2**

Once signed by your provider, upload and submit the signed Health Sciences immunization form. Outside forms can not be uploaded.

You may upload partially completed forms. If returning to upload subsequent doses in a series, please list all dates of that series.

[Upload Form](#)

**Step 3**

At any time check your compliance record to see what you still need to have done.


[View Immunization Status](#)

You are currently missing the following immunizations:

- MMR - Measles Mumps Rubella
- Hepatitis B Immunization
- Tetanus, Diphtheria, and Pertussis (Tdap)
- Varicella
- Influenza
- Meningitis combination (ACWY)
- Tuberculosis / TB (Baseline)
- Tuberculosis / TB (Screen)

# Download PDF Form

Home Page    https://uhstracking-qa.uc.edu/servlet/servlet.FileDownload?file=015D30...    Log In Using | Salesforce



## University of Cincinnati Standardized Immunization Form

### Health Professions Student Requirements

College of Medicine (MD), College of Pharmacy, College of Nursing, Advanced Medical Imaging (AMIT), Athletic Training, Audiology, Communication Sciences Disorders, Health Informatics, Medical Laboratory Science, Nutrition and Dietetics, Occupational Therapy, Physical Therapy, Respiratory Therapy, Speech Language Pathology, Social Work

First Name		Last Name	
M#		DOB	
UC Email		Phone #	

### REQUIRED IMMUNIZATIONS

**Hepatitis B** - 3 doses of *Engerix-B, PreHevbrio, Recombivax* or *Twinrix* vaccines or 2 doses of *Heplisav-B* vaccine followed by a **QUANTITATIVE** Hepatitis B Surface Antibody test drawn more than 4 weeks after last vaccine dose. A test titer >10mIU/mL is positive for immunity. If the test result is negative, repeat another Hepatitis B vaccine series followed by a repeat test titer. If the Hepatitis B Surface Antibody test is negative after the repeat vaccine series, a "non-responder" status is assigned.

Primary Series	Vaccine	Date	
		3 Dose Series	2 Dose Series
<b>Primary Hepatitis B Series AND Quantitative Titer</b>  3-dose vaccine ( <i>Engerix-B, PreHevbrio, Recombivax, Twinrix</i> ) or 2-dose vaccine ( <i>Heplisav-B</i> )	Hepatitis B Vaccine Dose #1		
	Hepatitis B Vaccine Dose #2		
	Hepatitis B Vaccine Dose #3		
	<b>QUANTITATIVE</b> Hep B Surface Antibody Test		_____mIU/ml

## Student Steps

1. Download PDF & print
2. Must be completed & signed by a licensed healthcare professional
3. **All vaccination dates and titer information must be included on the original form.** Do not attach additional pages.
4. Scan or take pictures of all pages

# Return to Homepage with Completed Form

**CINCINNATI** Home My Immunization Status Contact Us Upload Filled Out Form My Documents

## Welcome Jen HealthStudent

Bearcats Health App will help ensure you keep your immunization status up to date. Our records show that you are currently **"Non Compliant"**. Please use the three steps below to update your information.

Need to upload Flu records? [Upload Flu Records Here](#)

You are currently missing the following immunizations:

- MMR - Measles Mumps Rubella
- Hepatitis B Immunization
- Tetanus, Diphtheria, and Pertussis (Tdap)
- Varicella
- Influenza
- Meningitis combination (ACWY)
- Tuberculosis / TB (Baseline)
- Tuberculosis / TB (Screen)

### Step 1

Download your Health Sciences immunization form and complete it with your health care provider.

[Download Form](#)

### Step 2

Once signed by your provider, upload and submit the signed Health Sciences immunization form. Outside forms can not be uploaded.

You may upload partially completed forms. If returning to upload subsequent doses in a series, please list all dates of that series.




[Upload Form](#)

### Step 3

At any time check your compliance record to see what you still need to have done.

[View Immunization Status](#)

# Step 2: Upload Form

 CINCINNATI   Home   My Immunization Status   Contact Us   Upload Filled Out Form   My Documents    

## Welcome Jen HealthStudent

Bearcats Health App will help ensure you keep your immunization status up to date. Our records show that you are currently **"Non Compliant"**. Please use the three steps below to update your information.

Need to upload Flu records? [Upload Flu Records Here](#)

**Step 1**

Download your Health Sciences immunization form and complete it with your health care provider.

[Download Form](#)

**Step 2**

Once signed by your provider, upload and submit the signed Health Sciences immunization form. Outside forms can not be uploaded.

You may upload partially completed forms. If returning to upload subsequent doses in a series, please list all dates of that series.

[Upload Form](#)

**Step 3**

At any time check your compliance record to see what you still need to have done.

[View Immunization Status](#)

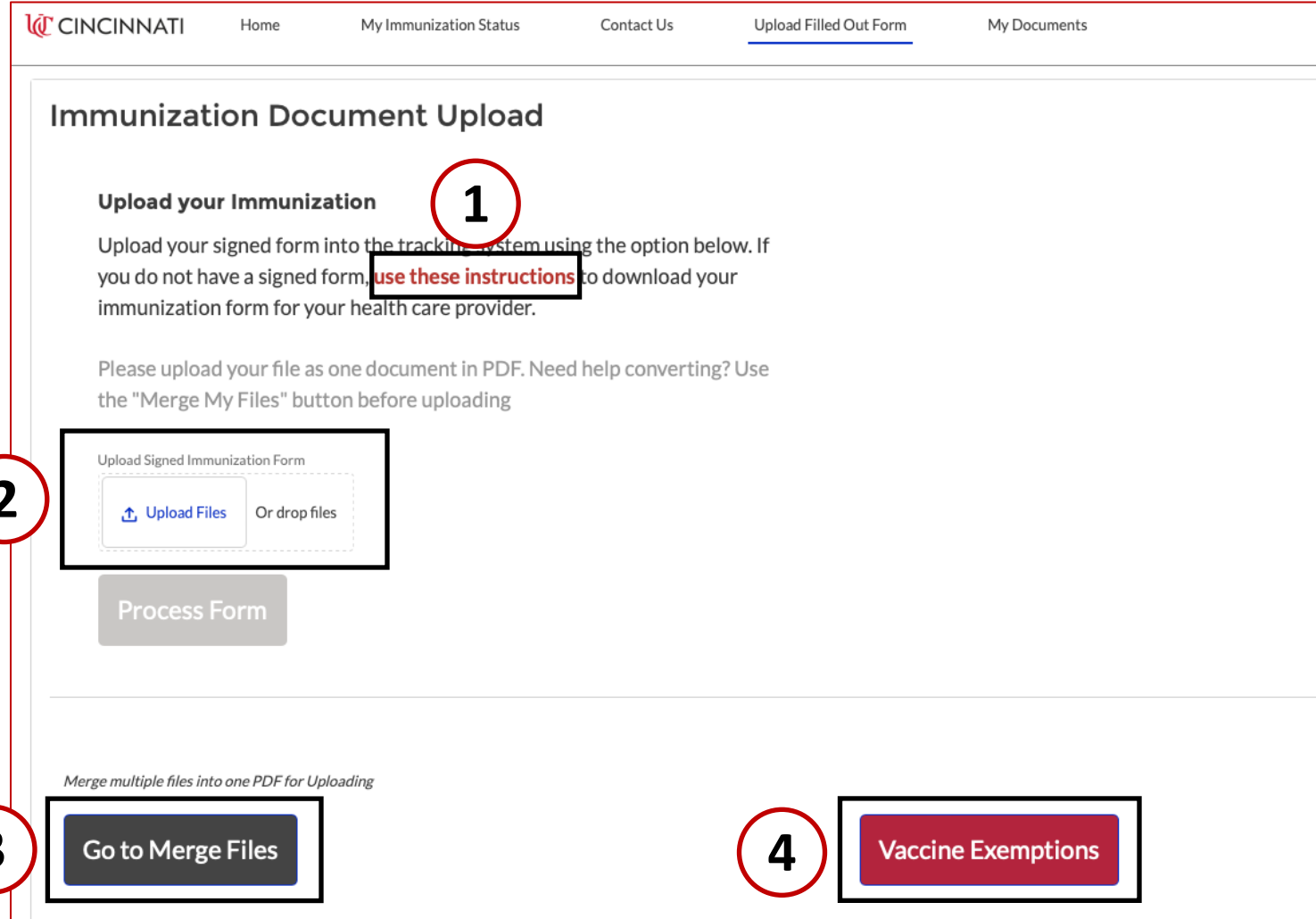
You are currently missing the following immunizations:

- MMR - Measles Mumps Rubella
- Hepatitis B Immunization
- Tetanus, Diphtheria, and Pertussis (Tdap)
- Varicella
- Influenza
- Meningitis combination (ACWY)
- Tuberculosis / TB (Baseline)
- Tuberculosis / TB (Screen)

# Immunization Upload Screen

### Page Overview

1. Link to instructions
2. Upload files button
  - Option: drag & drop
3. Merge files link
  - Documents must be uploaded as **one** PDF
  - Link will allow students to merge multiple pages or pictures into one PDF
  - New document will be generated for student to download
  - Merged document can then be uploaded
4. Link to Vaccine Exemptions Page



# Instructions Link

The screenshot displays the University Health Services website. The top navigation bar is red with the UC logo and the text "University Health Services". A secondary navigation bar contains links: ABOUT, SERVICES, MENTAL HEALTH, IMMUNIZATION, BEARCATS HEALTH APP, PHARMACY, APPOINTMENTS, EMERGENCIES, and FEELING SICK?. The left sidebar menu includes: Services, Mental Health, Immunization (expanded), Overview (highlighted), Health Sciences Programs Immunization Requirements, International Student Immunization Requirements, General Population Student Immunization Requirements, Frequently Asked Questions, Emergencies, Appointments, Employees, Forms and Resources, and Billing. The main content area features a red banner with the text: "Starting October 16, all students will use the Bearcats Health App to submit immunization documents." Below this is another red banner: "Due to this platform transition, the immunization deadline has been extended to November 1, 2023." The "Immunization Requirements" section is expanded, showing a list of topics: Why, Who, What, How, When, Rewards of Compliance, Consequences of Non-Compliance, Forms, and Frequently Asked Questions. A "CONTACT US" link is visible at the bottom left of the page.

# Tips for Uploading

- **Only the *UC Standardized Immunization Form* may be uploaded on this page.**
  - The system will not read incorrect forms
- **All vaccination dates and titer information must be included on the original form.**
- **Do not attach any additional pages.**
  - The system will not read the standardized form if additional pages are attached
- **TB & Flu Forms must be uploaded via buttons found on the “My Immunization Status” page**

# Upload Files

The screenshot shows the 'Immunization Document Upload' page on the CINCINNATI website. The navigation bar includes 'Home', 'My Immunization Status', 'Contact Us', 'Upload Filled Out Form' (which is underlined), and 'My Documents'. The main heading is 'Immunization Document Upload'. Below it, the section 'Upload your Immunization' provides instructions: 'Upload your signed form into the tracking system using the option below. If you do not have a signed form, use these instructions to download your immunization form for your health care provider.' A note states: 'Please upload your file as one document in PDF. Need help converting? Use the "Merge My Files" button before uploading'. The upload area is highlighted with a red box and contains the text 'Upload Signed Immunization Form', an 'Upload Files' button with an upward arrow icon, and the text 'Or drop files'. Below this is a 'Process Form' button. At the bottom, there are two buttons: 'Go to Merge Files' and 'Vaccine Exemptions'. A red callout box on the right, titled 'Student Steps', lists 'Option 1: Drag & drop files' and 'Option 2: Click "Upload Files" button', with a red arrow pointing from the callout to the 'Upload Files' button.

CINCINNATI Home My Immunization Status Contact Us Upload Filled Out Form My Documents

## Immunization Document Upload

**Upload your Immunization**

Upload your signed form into the tracking system using the option below. If you do not have a signed form, **use these instructions** to download your immunization form for your health care provider.

Please upload your file as one document in PDF. Need help converting? Use the "Merge My Files" button before uploading

Upload Signed Immunization Form

[Upload Files](#) Or drop files

Process Form

Merge multiple files into one PDF for Uploading

[Go to Merge Files](#) [Vaccine Exemptions](#)

### Student Steps

**Option 1:** Drag & drop files

**Option 2:** Click "Upload Files" button



# Upload Form

The screenshot shows the 'Immunization Document Upload' page on the CINCINNATI website. The page has a navigation bar with links for Home, My Immunization Status, Contact Us, Upload Filled Out Form (which is underlined), and My Documents. The main content area is titled 'Immunization Document Upload' and includes instructions for uploading signed forms. A file selection dialog is open over the page, showing a list of files in the 'SF Immunizations' folder. The file 'Health Science.pdf' is selected. Below the dialog, there are buttons for 'Go to Merge Files' and 'Vaccine Exemptions'.

**Immunization Document Upload**

**Upload your Immunization**

Upload your signed form into the tra...  
you do not have a signed form, use th...  
immunization form for your health c...

Please upload your file as one docum...  
the "Merge My Files" button before

Upload Signed Immunization Form

[Upload Files](#) Or drop files

[Process Form](#)

*Merge multiple files into one PDF for Uploading*

[Go to Merge Files](#)

[Vaccine Exemptions](#)

**Choose Files to Upload**

iCloud

Locations

- Adrienne's...
- Network

Tags

Favorites

- Dropbox
- Applications
- Downloads
- Recents

Media

- Photos

Name Date Modified

General Population Vax.pdf	Sep 19, 2023 at 10:44 AM
SF Student.pptx	Sep 11, 2023 at 9:26 AM
Gen Pop.pdf	Sep 10, 2023 at 5:55 PM
Health Science.pdf	Sep 10, 2023 at 5:54 PM
> Vax - sep sheets	Sep 8, 2023 at 4:36 PM
ImmunizationForm.pdf	Sep 8, 2023 at 4:35 PM
QATestAccounts.xlsx	Sep 8, 2023 at 4:07 PM
Health Sciences.pdf	Sep 8, 2023 at 1:01 PM
UC Immunization Rules.xlsx	Sep 7, 2023 at 3:27 PM
Immunizations	Sep 4, 2023 at 5:11 PM

Cancel Upload

# Click Done

The screenshot shows the CINCINNATI website's 'Immunization Document Upload' page. The navigation bar includes 'Home', 'My Immunization Status', 'Contact Us', 'Upload Filled Out Form' (which is underlined), and 'My Documents'. The main heading is 'Immunization Document Upload'. Below it, the section 'Upload your Immunization' provides instructions on how to upload a signed form. A modal window titled 'Upload Files' is open, showing a file named 'Health Science.pdf' (800 KB) with a progress bar and a green checkmark. A red box highlights the 'Done' button in the bottom right corner of the modal, with a large red arrow pointing to it from the right. The background page also features an 'Upload Signed Immunization Form' section with an 'Upload Files' button and a 'Process Form' button. At the bottom, there are buttons for 'Go to Merge Files' and 'Vaccine Exemptions'.

CINCINNATI Home My Immunization Status Contact Us Upload Filled Out Form My Documents

## Immunization Document Upload

**Upload your Immunization**

Upload your signed form into the tracking system using the option below. If you do not have a signed form, **use these instructions** to download your immunization form for your health care provider.

Please upload your file as one document in PDF. Merge multiple files using the "Merge My Files" button before uploading.

Upload Signed Immunization Form

[Upload Files](#) Or drop files

Process Form

Merge multiple files into one PDF for Uploading

[Go to Merge Files](#) [Vaccine Exemptions](#)

### Upload Files

Health Science.pdf 800 KB

1 of 1 file uploaded

Done

# Process Form

The screenshot shows the 'Immunization Document Upload' page on the CINCINNATI website. The navigation bar includes 'Home', 'My Immunization Status', 'Contact Us', 'Upload Filled Out Form' (which is underlined), and 'My Documents'. The main content area is titled 'Immunization Document Upload' and contains instructions for uploading signed forms. A file named 'Gen Pop.pdf' is shown in the upload area, and a red circle with the number '1' is placed next to it. Below the file, a red button labeled 'Process Form' is highlighted with a red circle and the number '2'. At the bottom of the page, there are two buttons: 'Go to Merge Files' and 'Vaccine Exemptions'.

CINCINNATI Home My Immunization Status Contact Us Upload Filled Out Form My Documents

## Immunization Document Upload

**Upload your Immunization**

Upload your signed form into the tracking system using the option below. If you do not have a signed form, **use these instructions** to download your immunization form for your health care provider.

Please upload your file as one document in PDF. Need help converting? Use the "Merge My Files" button before uploading

Upload Signed Immunization Form

[Upload Files](#) Or drop files

Gen Pop.pdf

**Process Form**

Merge multiple files into one PDF for Uploading

[Go to Merge Files](#) [Vaccine Exemptions](#)

## Student Steps

1. Uploaded form will appear here
2. Click "Process Form"

# Validation Instructions

CINCINNATI Home My Immunization Status Contact Us Upload Filled Out Form My Documents

Immunization Form Validation Section

**Loading your form and processing it for OCR**

Please wait a moment as your form is loaded, verified, and your immunization data is pulled out

After it is complete, please go through the fields below and verify all the entries came over correctly. Once you have checked everything please scroll to the bottom of the fields and click the submit button.

Document

## Student Steps

While waiting on form to be read by system, instructions for validating information are provided in pop-up:

- On the next screen go through each field to verify entries are correct
  - Personal Info
  - Immunization Dates
  - Titer Entries
  - Doctor Info
- Once checked, scroll to the bottom and click the submit button

# Validation Screen

CINCINNATI
Home
My Immunization Status
Contact Us
Upload Filled Out Form
My Documents

## Immunization Form

University of Cincinnati Standardized Immunization Form
\$5

**Health Professions Student Requirements**  
College of Medicine (MD), College of Pharmacy, College of Nursing, Advanced Medical Imaging (AMIT), Athletic Training, Audiology, Communication Sciences Disorders, Health Informatics, Medical Laboratory Science, Nutrition and Dietetics, Occupational Therapy, Physical Therapy, Respiratory Therapy, Speech Language Pathology, Social Work.

First Name	Jane	Last Name	Health
MP	M12345678	DOB	01-01-1982
UC Email	jane@uc.edu	Phone #	513-123-1234

REQUIRED IMMUNIZATIONS

**Hepatitis B** - 3 doses of Engerix-B, PreHeb, Recombivax or Twinrix vaccine or 2 doses of Hepatitis B vaccine followed by a QUANTITATIVE Hepatitis B Surface Antibody test drawn more than 4 weeks after last vaccine dose. A test that "indicates a positive for serology" if the test result is negative, repeat another Hepatitis B vaccine series followed by a repeat test later. If the Hepatitis B Surface Antibody test is negative after the repeat vaccine series, a "non-responder" status is assigned.

Primary Series	Vaccine	Date
Primary Hepatitis B Series AND Quantitative Titration 3-dose vaccine (Engerix-B, PreHeb, Recombivax, Twinrix) or 2-dose vaccine (Hepivac-B)	Hepatitis B Vaccine Dose #1	01/01/01
	Hepatitis B Vaccine Dose #2	01/01/02
	Hepatitis B Vaccine Dose #3	01/01/02
	QUANTITATIVE Hep B Surface Antibody Test	9.2 mIU/ml
Repeat Series	Vaccine	Date
Repeat Hepatitis B Series AND Quantitative Titration 3-dose vaccine (Engerix-B, PreHeb, Recombivax, Twinrix) or 2-dose vaccine (Hepivac-B)	Hepatitis B Vaccine Dose #4	
	Hepatitis B Vaccine Dose #5	
	Hepatitis B Vaccine Dose #6	
	QUANTITATIVE Hep B Surface Antibody Test	mIU/ml

**Hepatitis B Vaccine Non-responder**  
If the Hepatitis B Surface Antibody test is negative (less than 10 mIU/ml) after a primary and repeat vaccine series, vaccine non-responders should be counseled and evaluated appropriately. Certain institutions may require signing on "acknowledgment of non-responder status" document before clinical placements.

**Tuberculosis (TB) Screening** - Results of two-step (2) TB skin tests (TST) or (1) IGRA blood test done within the past 2 months. Therefore, students will need annual TB exposure and symptoms screening with subsequent TB testing if indicated. History of previous positive TB skin testing is 10 mm (indeterminate) or (1) TB blood test must be accompanied by documentation of the evaluation and/or treatment of this condition. You only need to complete ONE section A or B.

Section A	Date Placed	Date Read	Result	Interpretation	
No History of Abnormal TB Skin Test or Blood Test TST or T-Spot/Quantiferon TB Gold blood tests for tuberculosis	TST #1	08/01/23	08/03/23	3 mm	Negative
	TST #2	08/01/23	08/11/23	2 mm	Negative
	Quantiferon TB Gold or T-Spot				Negative
Section B	Date Placed	Date Read	Result		
History of Positive Skin Test or Positive/Indeterminate Blood Test TST or T-Spot/Quantiferon TB Gold blood tests for tuberculosis	Positive TST			mm	
	Quantiferon TB Gold or T-Spot			Positive Indeterminate	
	Chemistry			*Provide documentation or result	
	Treated for latent TB infection (LTBI)*			Yes No *Provide documentation	
	Date of Last Annual TB Symptom Questionnaire				

Last revised June 2023 Page 1 of 3

## Validation Section

REVIEW AND CONFIRM ALL INFORMATION IS CORRECT BEFORE YOU SUBMIT FORM

Required fields marked with asterisk\*

### Student Info

First Name\*

Validation is required

Last Name\*

Validation is required

Student Id\*

Validation is required

Birth Date\*

Validation is required

Student Email\*

Validation is required

Student Phone Number\*

Validation is required

### Primary Hepatitis B Series

Primary Hep B Three Dose First Date

Primary Hep B Three Dose Second Date

Primary Hep B Three Dose Third Date

Primary Hep B Two Dose First Date

Primary Hep B Two Dose Second Date

Hep B Surface Antibody Test Date

Hep B Surface Antibody Test Measurement

1 / 3 ➔

# Step 1: Validate Student Info

U CINCINNATI Home My Immunization Status Contact Us Upload Filled Out Form My Documents

## Immunization Form

Audiology, Communication Sciences Disorders, Health I  
Occupational Therapy, Physical Therapy, Respiratory

First Name	Jane
Student ID	M12345678
Email	Jane@uc.edu

**REQUIRED INFORMATION**

Hepatitis B - 3 doses of Engerix-B, PreHevbrio, Recombivax or Twinrix via surface Antibody test drawn more than 4 weeks after last vaccine dose. Repeat another Hepatitis B vaccine series followed by a repeat test titer. If no response, a "non-responder" status is assigned.

Primary Series	Vaccine
Primary Hepatitis B Series AND Quantitative Titer 3-dose vaccine (Engerix-B, PreHevbrio, Recombivax, Twinrix) or 2-dose vaccine (Hepelisav-B)	Hepatitis B Vaccine Dose #1
	Hepatitis B Vaccine Dose #2
	Hepatitis B Vaccine Dose #3
Repeat Series	QUANTITATIVE Hep B Surface Antibody
Repeat Hepatitis B Series AND Quantitative Titer Only if no response to primary series	Hepatitis B Vaccine Dose #4
	Hepatitis B Vaccine Dose #5

## Validation Section

REVIEW AND CONFIRM ALL INFORMATION IS CORRECT BEFORE YOU SUBMIT FORM  
Required fields marked with asterisk\*

### Student Info

First Name* <input checked="" type="checkbox"/>	Last Name* <input checked="" type="checkbox"/>	Student ID* <input checked="" type="checkbox"/>
Jane	Health	M12345678
Birth Date* <input checked="" type="checkbox"/>	Student Email* <input checked="" type="checkbox"/>	Student Phone Number* <input type="checkbox"/>
01/01/1982	Jane@uc.edu	(513) 123-1234

Validation is required

### Primary Hepatitis B Series

Primary Hep B Three Dose First Date	Primary Hep B Three Dose Second Date	Primary Hep B Three Dose Third Date
10/20/2023	10/20/2023	10/20/2023
Primary Hep B Two Dose First Date	Primary Hep B Two Dose Second Date	
01/01/2001	01/01/2002	
Hep B Surface Antibody Test Date	Hep B Surface Antibody Test Measurement	
10/20/2023		

## Student Steps

Validate student info by checking the box at the upper right of each entry:

- First Name
- Last Name
- Student ID
- Birth Date
- Email
- Phone #

# Step 2: Validate Immunization Entries

CINCINNATI Home My Immunization Status Contact Us Upload Filled Out Form More

### Immunization Form

**MMUNIZATIONS (continued)**  
or two (2) doses of Measles, two (2) doses of Mumps and (2) doses of R...  
a. Choose only one option.

Date	
01/01/20	
03/03/20	
Date	
#1	Serology Re
#2	
G antibody titer)	Qualitative Titer Result <input type="checkbox"/> Pos
#1	Serology Re
#2	
G antibody titer)	Qualitative Titer Result <input type="checkbox"/> Pos
#1	Serology Re
#2	
G antibody titer)	Qualitative Titer Result <input type="checkbox"/> Pos
within the past 10 years.	Date
Boostrix, etc)	2/3

### MMR

MMR First Date: 01/01/2020  
MMR Second Date: 03/03/2020

Measles Second Date: 10/20/2023

Measles Titer Date: 10/20/2023

Measles Titer Positive  
 Measles Titer Negative

### Mumps

Mumps First Date: 10/20/2023  
Mumps Second Date: 10/20/2023

Mumps Titer Date: 10/20/2023

## Student Steps

Review immunization entries read by system.  
Check for accuracy:

- Immunization dates
- Titer dates
- Titer results



# Example of Error Reading

## Student Steps

System provides alert if dates entered do not follow immunization rules.

- Check that system read dates correctly and update

UC CINCINNATI Home My Immunization Status Contact Us Upload Filled Out Form More ▾

### Immunization Form

	Date	
Fluzone, Flublok)	09/10/23	
after 16th birthday if their first semester with UC	Date	
Quadrivalent (ACWY) Vaccine	08/08/23	


**D PARTY REQUIREMENTS**  
All immunization placements that are a requirement for program completion. To be eligible, students must comply with all rules, policies, guidelines, and requirements of any third-party requirements. Any student's failure to comply with such third-party requirements may result in the student being unable to complete and graduate from their program.

Number of doses OR one bivalent	Date	Manufacturer
Dose #1	08/08/21	Maderna
Dose #2	10/01/21	Maderna
Third Dose	01/24/23	Pfizer

2 / 3

### Meningococcal Quad

Meningococcal Date

08/01/0008 

Invalid Meningococcal Date MM/DD/Y...

### Covid 19

Covid First Date	Covid First Manufacturer
08/08/2021	Maderna
Covid Second Date	Covid Second Manufacturer
10/01/2021	Maderna
Covid Third Date	Covid Third Manufacturer
01/24/2023	Pfizer

### MenB

MenB Vaccine Type Trumenba  
 MenB Vaccine Type Bexsero

MenB First Date	MenB Second Date
08/01/2023	09/01/2023



# Step 3: Submit Form

CINCINNATI Home My Immunization Status Contact Us Upload Filled Out Form My Documents

## Immunization Form

University of Cincinnati Standardized Immunization Form  
Health Professions Student Requirements

First Name	Jane	Last Name	Health
MR	M12545678	DOB	01/01/1982
UC Email	jane@uc.edu	Phone #	513-123-1234

**RECOMMENDED IMMUNIZATIONS**

Grouping & meningococcal (MenB) vaccine - 2 doses of vaccine	Select vaccine type: <input checked="" type="checkbox"/> Trivalent <input type="checkbox"/> Bivalent	MenB Vaccine Dose #1	Date
		MenB Vaccine Dose #2	09/01/23
<b>Hepatitis A - 2 doses of vaccine</b>			
		Hep A Vaccine Dose #1	08/01/23
		Hep A Vaccine Dose #2	09/01/23
<b>Polio - 4 doses of vaccine</b>			
		Polio Vaccine Dose #1	01/01/23
		Polio Vaccine Dose #2	02/01/23
		Polio Vaccine Dose #3	03/01/23
		Polio Vaccine Dose #4	04/02/23
<b>Human papilloma virus (HPV) - 3 doses of vaccine, or 2 doses if started prior to age 15</b>			
		HPV Vaccine Dose #1	01/01/23
		HPV Vaccine Dose #2	02/01/23
		HPV Vaccine Dose #3	03/01/23

**MUST BE SIGNED BY A LICENSED HEALTHCARE PROFESSIONAL OR DESIGNEE:**

Healthcare Professional Signature	<i>John Doe</i>	Date	09/01/23
Printed Name	Dr. John Doe		
NPI #	123456		
Title	M.D.		
Street Address	123 Ohio St		
City, State, Zip Code	Cincinnati, OH 45201		
Phone Number	(513) 123-1234		
Fax Number			
Email Contact	Dr@ucmail.com		

01/01/1995 02/02/1995 09/25/2023

### Licensed Professional

License Professional Signature

Signature Date: 09/01/2023 License Professional Name: Dr. John Doe NPI #: 123456

Title: M.D. Street Address: 123 Ohio St City: Cincinnati

State: OH Zipcode: 45201 Office Phone Number: (513) 123-1234

Office Phone Number Ext: Office Fax Number: ( ) - - -

Office Stamp

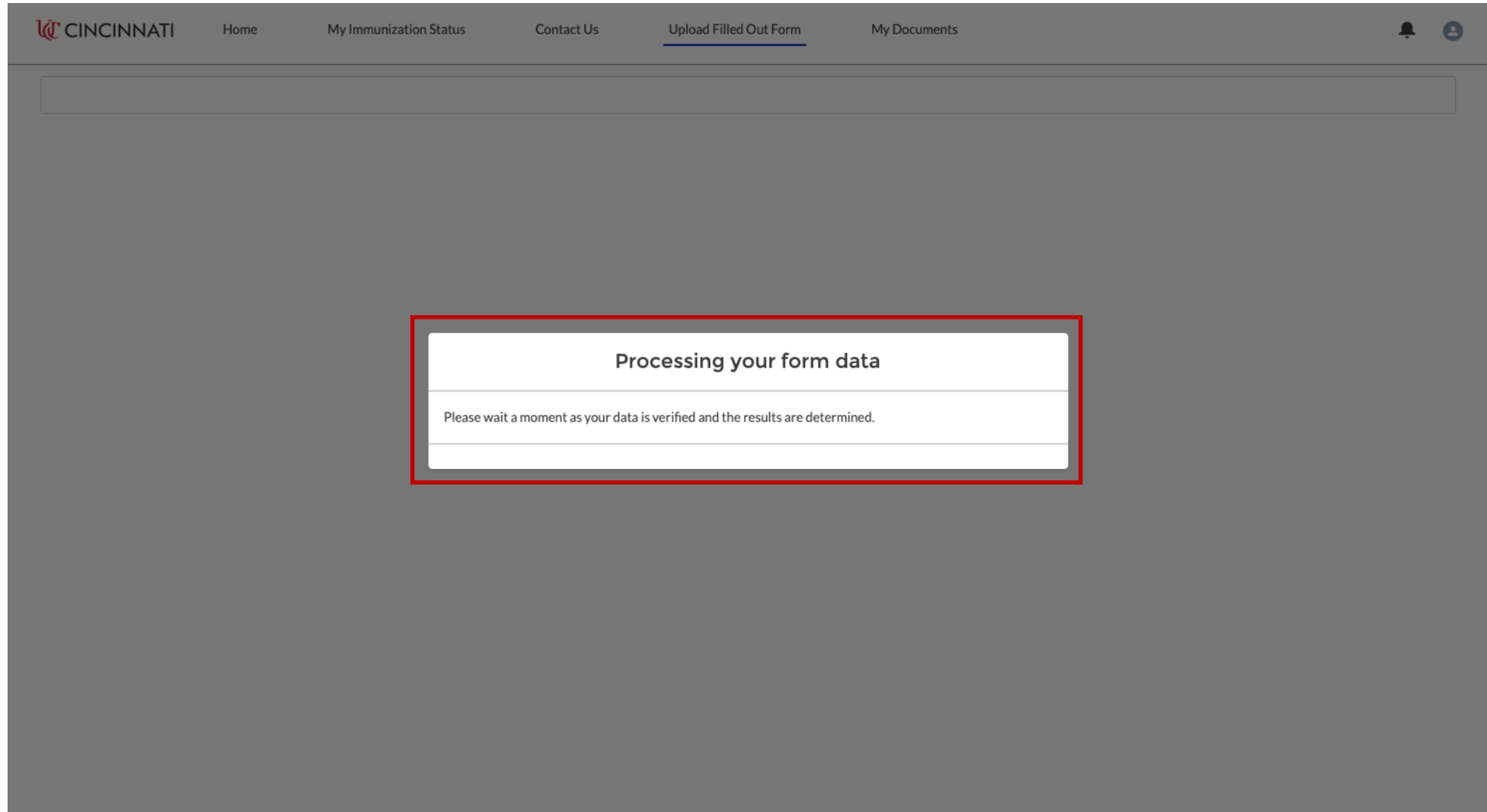
**Submit Form**

3 / 3

## Student Steps

After form has been checked and validated, click "Submit Form"

# Processing Form Screen



# My Immunization Status Screen

U CINCINNATI Home My Immunization Status Contact Us Upload Filled Out Form My Documents

## Immunization Summary

**Jen HealthStudent - Health Sciences**

UHS Tracking will help ensure you keep your immunization status up to date. Our records show that you are currently **"Non Compliant"**.

▼ Required Vaccines

Immunization	Compliance Status	Compliance Reason	Expiration Date
MMR - Measles Mumps Rubella	Compliant		
Hepatitis B Immunization	Compliant		
Tetanus, Diphtheria, and Pertussis (Tdap)	Compliant		
Varicella	Compliant		
Influenza	Compliant		2024-09-01T00:00:00.000Z <span>Influenza Upload</span>
Meningitis combination (ACWY)	Compliant		
Tuberculosis / TB (Baseline)	Compliant		
Tuberculosis / TB (Screen)	Non Compliant		<span>TB Requirement</span>

> Recommended Vaccines

## Student Steps

All required vaccinations are shown with compliance status and reason

- If non-compliant, reason will be given
- Compliance statuses are color-coded

# Recommended Vaccines

CINCINNATI Home My Immunization Status Contact Us Upload Filled Out Form My Documents

## Immunization Summary

**Jen HealthStudent** - *Health Sciences*

UHS Tracking will help ensure you keep your immunization status up to date. Our records show that you are currently **"Non Compliant"**.

Required Vaccines

Immunization	Compliance Status	Compliance Reason	Expiration Date	Button
MMR - Measles Mumps Rubella	Compliant			
Hepatitis B Immunization	Compliant			
Tetanus, Diphtheria, and Pertussis (Tdap)	Compliant			
Varicella	Compliant			
Influenza	Compliant		2024-09-01T00:00:00.000Z	Influenza Upload
Meningitis combination (ACWY)	Compliant			
Tuberculosis / TB (Baseline)	Compliant			
Tuberculosis / TB (Screen)	Non Compliant			TB Requirement

Recommended Vaccines

Immunization	Compliance Status	Compliance Reason	Expiration Date	Button
Hepatitis A Immunization	Completed			
COVID	Completed			
Human Papillomavirus (HPV)	Completed			
Polio	Completed			
Meningitis B (Serogroup B)	Completed			

## Student Steps

- Recommended vaccines and statuses can be viewed by clicking the dropdown arrow
- These vaccines do not impact overall compliance status

# Tuberculosis Screening

# TB Requirement Button

**Student Steps**

“TB Requirement” will appear if student has not yet completed the Tuberculosis Screening.

- Click button to proceed

UHS Tracking will help ensure you keep your immunization status up to date. Our records show that you are currently **Non Compliant**.

Required Vaccines

Immunization	Compliance Status	Compliance Reason	Expiration Date	Button
MMR - Measles Mumps Rubella	Compliant			
Hepatitis B Immunization	Compliant			
Tetanus, Diphtheria, and Pertussis (Tdap)	Compliant			
Varicella	Compliant			
Influenza	Compliant		2024-09-01T00:00:00.000Z	Influenza Upload
Meningitis combination (ACWY)	Compliant			
Tuberculosis / TB (Baseline)	Compliant			
Tuberculosis / TB (Screen)	Non Compliant			TB Requirement

Recommended Vaccines

# TB Information Screen

 TB Information

**Jen HealthStudent** - *Health Sciences*

Our records indicate that you are required to complete the Tuberculosis Screen by clicking the button below to begin.

[Tuberculosis Screening](#)

**Student Steps**


Directs student to complete Tuberculosis Screening

- Click button to begin

# Acknowledgement Screen

## Page Overview

1. Read requirements
2. Check box to acknowledge requirements have been read
3. Click "Next"

 Home My Immunization Status Contact Us Upload Filled Out Form My Documents

**1**

An annual tuberculosis (TB) risk assessment is required as part of your program requirement. Please read and complete the following. You will be provided with next steps upon completion. The TB Students includes:  
(Baseline): Results of a two-step TB Skin Test or an IGRA blood test placed within the past 3 months prior to clinical duties.  
(Annually): Thereafter, you need an annual TB Risk Assessment. This assessment will help determine if you are at increased risk for developing TB. A symptoms screening will be necessary if you have the following symptoms include:

- Chronic cough for greater than 3 weeks
- Coughing up blood or sputum
- Unexplained shortness of breath
- Unexplained loss of appetite
- Weight loss without dieting
- Night sweats
- Persistent low-grade fever (>100.0 F)
- Chronic chest pain
- Severe fatigue for over three weeks

TB Risk factors include:  
*Time spent in countries endemic for TB (> 20 TB cases/100,000)*

- Spent a month or greater (traveled, lived in, and/or worked) in one of these [countries](#)
- Worked in TB environments (hospitals, prisons, or homeless shelters) in one these [countries](#)

**Immunosuppression** (current or planned). This includes HIV infection, organ transplant recipient, treated with TNF-alpha antagonist (Infliximab, Etanercept, Golimumab, Certolizumab pegol Adalimumab), steroids (equivalent of prednisone ≥15 mg/day for ≥1 month) or other immunosuppressive medication.

**TB Exposure.** This includes close contact with someone with an active infection or work in a healthcare setting where TB transmission has been reported (including Emergency Departments, Pulmonary Service, Respiratory Therapy, etc.).

**2**

Please check this if the above requirements are read


**3**



# Answer Screening Questions

## Student Steps

- One question per screen is shown
- Answer using dropdown menu
- Click “Next” to proceed

 CINCINNATI   Home   My Immunization Status   Contact Us   Upload Filled Out Form   My Documents

\* 1. In the past 12 months, I have been exposed to active tuberculosis or worked in a facility reporting ongoing TB transmission.

✓ --None--  
Yes  
No

[Previous](#) [Next](#)

# Path 1: Follow-Up Questions Required

CINCINNATI Home My Immunization Status Contact Us Upload Filled Out Form My Documents

Have you had any of the following symptoms for more than 3 weeks:

- \* 1. Chronic cough for over 3 weeks  
--None--
- \* 2. Coughing up blood or sputum  
--None--
- \* 3. Unexplained shortness of breath  
--None--
- \* 4. Unexplained loss of appetite  
--None--
- \* 5. Weight loss without dieting (over 8-lbs.)  
--None--
- \* 6. Night sweats  
--None--
- \* 7. Persistent low grade fever (> 100.0 F)  
--None--
- \* 8. Chronic pain in chest  
--None--
- \* 9. Severe fatigue for over 3 weeks  
--None--
- \* 10. In the past year, have you been in contact with anyone who is contagious for TB?  
--None--

Previous Next

## Student Steps

Follow-up questions are triggered to appear if student is flagged as “at-risk”

- Answer all questions using dropdown menu
- Click “Next” to proceed


# Path 2: No Follow-Up Questions Required

## Student Steps

Student not flagged as “at-risk” must confirm information is correct by entering:

- Student name
- Type student signature
- Enter date

Then click “Next”

 CINCINNATI   Home   My Immunization Status   Contact Us   Upload Filled Out Form   My Documents

In the past 12 months, I **have not** had any exposures to tuberculosis or visited any countries endemic for Tuberculosis.

AND

I **do not** have an immunosuppressed condition AND in the past 12 months **have not** taken any medications that suppress my immune system.

I HAVE READ AND UNDERSTOOD THE RISK FACTORS FOR TUBERCULOSIS. I UNDERSTAND IT IS MY RESPONSIBILITY TO REPORT TO UNIVERSITY HEALTH SERVICES IF I HAVE ANY CONCERNS.

\* Student name

\* Student Signature

\* Date

# Submit form

**Student Steps**

- Click “Please Submit” to complete process

*Please use the submit button below to submit the form.*

# Screening Submitted – Risk Identified

## TB Information

**Jen HealthStudent** - *Health Sciences*

1 Your Tuberculosis Screening questionnaire has been submitted.

2 Screening Status: Incomplete  
Screening Reason: Screening Questionnaire Risk Identified

3 Thank you for filling out your Tuberculosis (TB) risk assessment form. It has been sent to UHS clinic for next steps.

4 Please upload any additional documents you would like to supply for consideration.

Upload additional documents

[Upload Files](#) Or drop files

Complete Upload

5

File Name	File Size	Upload Date

### Page Overview

1. Submission confirmed
2. Screening status & reason
3. Student is informed that UHS will contact for next steps
4. Option: Student may upload additional forms for UHS
5. Any additional forms would appear here after upload

# Screening Submitted – No Risk Identified

**CINCINNATI** Home My Immunization Status Contact Us More ▾

**TB Information**  
**Jen HealthStudent** - *Health Sciences*

**1** Your Tuberculosis Screening questionnaire has been submitted.

**2** Screening Status: Complete  
Screening Reason: Screening Questionnaire Cleared

**3** Thank you for filling out your Tuberculosis (TB) risk assessment form. You have been cleared at this time based on this screening. It is your responsibility to report to UNIVERSITY HEALTH SERVICES if any TB exposure AND/OR TB symptoms occur.

Please upload any additional documents you would like to supply for consideration.

Upload additional documents

[Upload Files](#) Or drop files

**Complete Upload**

File Name	File Size	Upload Date
-----------	-----------	-------------

**Page Overview**

1. Submission confirmed
2. Screening status & reason
3. Further instructions

Influenza Upload

# From Home Page

The screenshot shows the home page of the CINCINNATI Health App. The navigation bar includes links for Home, My Immunization Status, Contact Us, Upload Filled Out Form, and My Documents. A notification bell and user profile icon are in the top right. The main content area features a welcome message for Jen HealthStudent, stating that the user is currently "Non Compliant" and needs to update their information. A red-bordered box highlights the text "Need to upload Flu records?" and a red button labeled "Upload Flu Records Here". A red-bordered box titled "Student Steps" contains a bullet point: "Click 'Upload Flu Records Here' button", with a red arrow pointing to the highlighted button. Below this, three steps are outlined: Step 1 (Download Form), Step 2 (Upload Form), and Step 3 (View Immunization Status). Each step has a corresponding red button at the bottom.

**Need to upload Flu records?** [Upload Flu Records Here](#)

**Student Steps**

- Click "Upload Flu Records Here" button

**Step 1**

Download your Health Sciences immunization form and complete it with your health care provider.

**Step 2**

Once signed by your provider, upload and submit the signed Health Sciences immunization form. Outside forms can not be uploaded.

You may upload partially completed forms. If returning to upload subsequent doses in a series, please list all dates of that series.

**Step 3**

At any time check your compliance record to see what you still need to have done.

[Download Form](#) [Upload Form](#) [View Immunization Status](#)



# From My Immunization Status Screen

**U C CINCINNATI** Home My Immunization Status Contact Us Upload Filled Out Form More ▾

## Immunization Summary

**Jen HealthStudent** - *Health Sciences*

UHS Tracking will help ensure you keep your immunization status up to date. Our records show that you are

▾ Required Vaccines

Immunization	Compliance Status	Compliance Reason
MMR - Measles Mumps Rubella	Compliant	
Hepatitis B Immunization	Compliant	
Tetanus, Diphtheria, and Pertussis (Tdap)	Compliant	
Varicella	Compliant	
<b>Influenza</b>	<b>Non Compliant</b>	<b>Influenza Upload</b>
Meningitis combination (ACWY)	Compliant	
Tuberculosis / TB (Baseline)	Compliant	
<b>Tuberculosis / TB (Screen)</b>	<b>Non Compliant</b>	<b>TB Requirement</b>

> Recommended Vaccines

### Student Steps

- Click "Influenza Upload" button

# Influenza Document Upload Screen

CINCINNATI Home My Immunization Status Contact Us Upload Filled Out Form

## Influenza Document Upload

Hi Jen HealthStudent,

Please enter the Influenza vaccine date and upload the necessary file.

1 Influenza vaccine Date  
Enter date here...

2 Upload Influenza Form  
Upload Files Or drop files

Process Form

## Student Steps

1. Enter date vaccination was given
2. Upload proof from doctor or pharmacy
  - Option 1: Drag & drop file
  - Option 2: Click Upload Files

# Upload Form

The screenshot shows a web application interface for uploading documents. The main heading is "Influenza Document Upload". Below it, there is a form titled "Hi Jen HealthStudy" with the instruction "Please enter the Influenza vaccine date". The form includes a text input field for "Influenza vaccine Date" containing "Oct 9, 2023", a section for "Upload Influenza Form" with "Upload Files" and "Or drop files" options, and a "Process Form" button. A file selection dialog is open over the form, titled "Choose Files to Upload". The dialog shows a sidebar with "iCloud" and "Locations" (Adrienne's..., Network), "Tags", "Favorites" (Dropbox), "Applications", "Downloads", "Recents", "Media" (Photos). The main area of the dialog shows a file list with columns for "Name" and "Date Modified". The file "Flu.pdf" is selected. The "Date Modified" column shows various dates from Sep 7, 2023 to Today at 1:51 PM. The dialog has "Cancel" and "Upload" buttons at the bottom.

**Influenza Document Upload**

**Hi Jen HealthStudy**

Please enter the Influenza vaccine date

Influenza vaccine Date  
Oct 9, 2023

Upload Influenza Form  
Upload Files Or drop files

Process Form

**Choose Files to Upload**

iCloud  
Locations  
Adrienne's...  
Network  
Tags  
Favorites  
Dropbox  
Applications  
Downloads  
Recents  
Media  
Photos

File List:

Name	Date Modified
Flu.pdf	Today at 1:51 PM
Exemption Non-Med.pdf	Oct 9, 2023 at 9:27 AM
TB Clinical Assessment Form.pdf	Sep 26, 2023 at 1:18 PM
Gen Pop Med Exemption.pdf	Sep 26, 2023 at 12:39 PM
General Population Vax.pdf	Sep 19, 2023 at 10:44 AM
SF Student.pptx	Sep 11, 2023 at 9:26 AM
Gen Pop.pdf	Sep 10, 2023 at 5:55 PM
Health Science.pdf	Sep 10, 2023 at 5:54 PM
Vax - sep sheets	Sep 8, 2023 at 4:36 PM
ImmunizationForm.pdf	Sep 8, 2023 at 4:35 PM
QATestAccounts.xlsx	Sep 8, 2023 at 4:07 PM
Health Sciences.pdf	Sep 8, 2023 at 1:01 PM
UC Immunization Rules.xlsx	Sep 7, 2023 at 3:27 PM

Cancel Upload

# Click Done

The screenshot shows a web interface for uploading an Influenza document. The main page has a header with the CINCINNATI logo and navigation links: Home, My Immunization Status, Contact Us, Upload Filled Out Form, and My Documents. The main content area is titled "Influenza Document Upload" and greets the user as "Hi Jen HealthStudent,". Below the greeting, there is a prompt: "Please enter the Influenza vaccine date and upload the necessary file." The form includes a date input field with "Oct 9, 2023" and an "Upload Influenza Form" section with an "Upload Files" button and "Or drop files" text. A "Process Form" button is at the bottom left. An "Upload Files" modal is open, showing a file "Flu.pdf" (804 KB) with a progress bar and a green checkmark. A red box highlights the "Done" button in the bottom right corner of the modal, with a large red arrow pointing to it from the right.

# Process Form

The screenshot shows a web form titled "Influenza Document Upload" for a user named Jen HealthStudent. The form includes a navigation bar with links for Home, My Immunization Status, Contact Us, and Upload Filled Out Form. The main content area contains a greeting, instructions to enter the vaccine date and upload a file, a date input field (Oct 9, 2023), an upload section with a file named "Flu.pdf", and a "Process Form" button. A red box on the right lists "Student Steps": 1. Uploaded form will appear here, 2. Click "Process Form". Red circles with numbers 1 and 2 highlight the "Upload Files" button and the "Process Form" button, respectively.

**Student Steps**

1. Uploaded form will appear here
2. Click "Process Form"

**CINCINNATI** Home My Immunization Status Contact Us Upload Filled Out Form

## Influenza Document Upload

Hi Jen HealthStudent,

Please enter the Influenza vaccine date and upload the necessary file.




Influenza vaccine Date  
Oct 9, 2023

Upload Influenza Form  
Upload Files Or drop files

Flu.pdf

Process Form

# Immunization Summary Screen

 CINCINNATI [Home](#) [My Immunization Status](#) [Contact Us](#) [Upload Filled Out Form](#) [My Documents](#)  

## Immunization Summary

### Jen HealthStudent - Health Sciences

UHS Tracking will help ensure you keep your immunization status up to date. Our records show that you are currently **"Non Compliant"**.

▼ Required Vaccines

Immunization	Compliance Status	Compliance Reason	Expiration Date	Button
MMR - Measles Mumps Rubella	Compliant			
Hepatitis B Immunization	Compliant			
Tetanus, Diphtheria, and Pertussis (Tdap)	Compliant			
Varicella	Compliant			
Influenza	Compliant	Influenza documentation submitted with vaccination date of 10/9/2023.	2024-09-01T00:00:00.000Z	<a href="#">Influenza Upload</a>
Meningitis combination (ACWY)	Compliant			
Tuberculosis / TB (Baseline)	Compliant			
Tuberculosis / TB (Screen)	Non Compliant			<a href="#">TB Requirement</a>

> Recommended Vaccines

Contact Us

# Creating an Inquiry

CINCINNATI Home My Immunization Status Contact Us Upload Filled Out Form My Documents

## Contact Us

Need help with your submission? Please review the information available on the [UHS website](#) for guidance. If you still need assistance, please select the type of assistance needed and we will direct your question accordingly.

**2**

\*What is the reason for your inquiry?

Select an Option

- Technical
- Non-Technical

**3**

\*Description

What are my next steps?

**4**

Submit

## Student Instructions

1. Link to UHS website for FAQ
2. Choose type of inquiry
  - Technical: IT questions
  - Non-Technical: Immunization & compliance questions
3. Type question in "Description" box
4. Hit "Submit"



# Inquiry Submitted –

Your inquiry is successfully posted. Please stay tuned for further updates.

- Click here to submit another inquiry. [Submit another inquiry](#)

- Click here to go to the home page. [Go to Home Page](#)

# Vaccine Exemptions

# Vaccine Exemptions

## Student Instructions

1. Navigate to Exemptions by opening the “Upload Filled Out Form” screen
2. Click on “Vaccine Exemptions” button

CINCINNATI Home My Immunization Status Cor **1** Upload Filled Out Form My Documents

### Immunization Document Upload

**Upload your Immunization**

Upload your signed form into the tracking system using the option below. If you do not have a signed form, **use these instructions** to download your immunization form for your health care provider.

Please upload your file as one document in PDF. Need help converting? Use the "Merge My Files" button before uploading

Upload Signed Immunization Form

[Upload Files](#) Or drop files

Process Form

---

Merge multiple files into one PDF for Uploading

[Go to Merge Files](#) **2** [Vaccine Exemptions](#)

# Exemption Instructions

UC CINCINNATI Home My Immunization Status Contact Us Upload Filled Out Form My Document

## Immunization Exemption Document

### Email an Exemption

If you are in a University of Cincinnati Health Science program seeking a Medical or Religious Vaccine Exemption for a UC Health or an Outside Clinical rotation or placement, please **download and complete** this form. The completed form and required documentation to support the request must be submitted to Alex Maus, MPAS System Director, Educational Placements UC Health and to Deana M. Brown, AAS Program Manager, Educational Placements Proctor, Fundamentals of Laparoscopic Surgery ([alex.maus@uhealth.com](mailto:alex.maus@uhealth.com), [deana.brown@uhealth.com](mailto:deana.brown@uhealth.com)).

Upon receipt, the documentation and exemption request will be reviewed, and approval or denial status will be determined. The status of the request will be communicated to the student. If denied, you will be required to receive the vaccine.

REQUESTS MUST BE SUBMITTED 30 DAYS PRIOR TO THE START OF THE ROTATION.

I understand that I am submitting these records to a third-party entity, such as UC Health or University of Cincinnati. I authorize representatives of these entities to have access to these records for medical and public health purposes.

## Student Instructions

**\*Exemption Forms must be emailed\***

1. Click to download form
2. Instructions for who to submit forms to
3. Explanation of procedure
4. Timeline for exemptions
5. Third-party submission information


# Download Form

## Student Instructions

### \*Exemption Forms must be emailed\*

1. Download PDF form
2. Provide additional information
  - Medical: Statement from physician
  - Non-medical: Submit explanation
3. Follow instructions for emailing provided on previous page

Upload Document Flow <https://med.uc.edu/docs/default-source/university-he>

**Health**  
Vaccination Exemption Process  
STUDENTS/Clinical Faculty

Name: \_\_\_\_\_

College/University: \_\_\_\_\_

Department/Type of Student: \_\_\_\_\_

Dates of Rotation: \_\_\_\_\_

Vaccine Requesting Exemption: \_\_\_\_\_

*I am requesting an exemption from a vaccine. I acknowledge that the vaccination is recommended by the Centers for Disease Control and Prevention (CDC) for all healthcare personnel to prevent infection. I understand that **my clinical placement site** has a mandatory vaccination program, and I am requesting an exemption.*

1. **I agree to the above statement.**

Yes

No

2. **I have a medical condition that prevents me from receiving above vaccine. \***  
You must attach a signed statement from your physician indicating the contraindication to the vaccine. You must also attach any supporting documents.

My Documents Screen

# My Documents Screen




## Page Overview

Uploaded documents will appear here

1. Thumbnail preview & document type
2. Status of document in system
3. File size & upload date
4. To view a document, click to download

CINCINNATI Home My Immunization Status Contact Us Upload Filled Out Form My Documents

### My Documents

Thumbnail	Document Type	Status	File Size	Upload Date	
 <p>Health Science.</p>	Immunization Form	Processed	799.51 KB	9/25/2023, 01:54 PM	<a href="#">Download</a> 
 <p>HS Hep B 48.</p>	Immunization Form	Processed	333.7 KB	9/22/2023, 03:24 PM	<a href="#">Download</a> 