## **INCLUPATIONAL HEALTH SERVICES**

## This step by step guide will show users how to submit their Vaccination Records using <u>Enterprise Health's employee portal</u>.

1. After logging into the portal, **click** on the *Submit Vaccine Record Tab*.



2. Click on Choose File link, it will open the windows file manager.

$\equiv$ Hail Victors				٩
ACCINES IMMUNIZAT	TIONS QUESTIONN	Naire (1/1)		
Name MR Number Address Telephone number Mabila abaas sumbas	Victors, Hail UM- 15	It will on	en the Vaccine Immunizations	
Birth date Position Title	01-01-1990	Question	naire screen that explains the requirements	
Employees should u requirement:	ise this form to su	ıbmit proof of va	ccination for only the fo	llowing
Measles, Mumps & Rubel (positive/reactive/immun	la (MMR): Submit docu e titer).	mentation of 2 doses	of the vaccine -OR- lab proof of immunity	
Pertussis: Submit docume	entation of 1 dose of th	e Tdap vaccine receiv	ed in 2005 or later.	
Varicella (Chickenpox): Su	bmit documentation of	2 doses of the vaccir	ne -OR- lab proof of immunity (positive/reactive/ir	nmune titer).
Tuberculosis Screen: Prov QuantiFERON Gold blood	ide the result if a tuber test.	culosis screen was p	erformed within the last 2 months or OHS will ord	er a
Hepatitis B: if job duties in lab proof of immunity -OF	ndicate potential for exp R- contact OHS to comp	posure to blood or bo lete a Hepatitis B De	dily fluids, submit documentation of a complete H clination form.	ep B series and
Hepatitis A: recommender series.	d for food service work	ers, submit documen	tation of 2 doses of the Hepatitis A vaccine -OR- d	ecline vaccine
COVID-19 Bivalent Booste	er: submit documentati	on of receiving the bi	valent COVID-19 booster.	
Your document will be rev instruction if additional fo	riewed by OHS staff and Ilow-up is necessary.	d if approved, your er	nployee medical record will be updated. OHS will p	rovide further
This form should not be u vaccine proof.	sed to submit the seas	onal influenza	Click on Chose file to select document that needs to be sub	the mitted
Immunization/Vaccine Pr	oof		Choose file	
Save for later   Cancel				SUBMIT
			© 2023 Enterpi	ise Health, all rights reserve



3. **Click** on the selected the document.



4. The selected file will appear in the File name window, then **Click** on the *Open Button*.



5. The filename to be submitted will appear, **click** on the *Submit Button*.

QuantiFERON Gold blood test.	
Hepatitis B: if job duties indicate potential for exposure to blood lab proof of immunity -OR- contact OHS to complete a Hepatitis	or bodily fluids, submit documentation of a complete Hep B series and B Declination form.
Hepatitis A: recommended for food service workers, submit docu series.	mentation of 2 doses of the Hepatitis A vaccine -OR- decline vaccine
COVID-19 Bivalent Booster: submit documentation of receiving t	he bivalent COVID-19 booster.
Your document will be reviewed by OHS staff and if approved, yo instruction if additional follow-up is necessary.	ur employee medical record will be updated. OHS will provide further
This form should not be used to submit the seasonal influenza vaccine proof.	The file to be uploaded will appear
Immunization/Vaccine Proof	Vaccination.pdf
Save for later   Cancel	Click on the SUBMIT button to upload
can also save this activity for later or	

[



## 6. A quick THANK YOU! Screen will appear.



[Repeat the same steps to upload any additional documents]