# **INCLUPATIONAL HEALTH SERVICES**

# Workforce members who receive their influenza vaccine from a non-OHS source such as a primary care provider (including Michigan Medicine), pharmacy or community resource must submit proof to Occupational Health Services using the process outlined below.

Influenza vaccination proofs must meet the following criteria to be approved:

- Include your full name and date of birth.
- Indicate that it was an influenza vaccine.
- Indicate where the influenza vaccine was received.
- Include the date it was administered (must be on or after 8/1 of the current flu season)

#### How to Login into Employee Portal:

- 1. Click on this link to get to the login page for Enterprise Health's Employee Portal.
- 2. On the welcome screen **Click** on the *UM Uniquename Login* to open the Login Screen.

UNITERITOR MICHIGAN		
welcome University of Michigan	Click on the UM Uniqname Login Tab	
	UM Uniqname Login	÷
UM Onb	oarding (Non-Uniqname) Login	<b>&gt;</b>

3. Enter your *unique name and Level I password,* then Click on the *Login* button.

	Enter your Login ID and Password				
ſ	ApplicantTom01				
	<u>۹</u>				
	Log In				
Forgot password? Need Help?					
By your use of these resources, you agree to abde by Responsible Use of Information Resources (SPG $601.07$ ), in addition to all relevant state and federal laws.					
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4. It will take you to the Two Factor Verification screen, complete the verification.

WEBLOGIN				
	Two-Factor Authentication Require	ed		
	Choose an authentication method	Send Me a Push		
	No Call Me	Call Me		
Vitat is this? IS Add a new device My Settings & Devices	Passcode	Enter a Passcode		
Need help? Secured by Duo	Remember me for 7 days			
Pushed a login request to	your device	Cancel		
By your use of these resources, you agree to abide by Responsible Use of Information Resources (SPG 601.07), in addition to all relevant state and federal laws.				
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#### **Employee Portal Main Page:**

5. It will open your *Enterprise Health's Employee Portal*, **click** on the *bell icon*, it will take you to the message center to check for *Influenza questionnaire*.



## Message Center / Questionnaires:

6. In the questionnaires section an *Influenza Consent or Exemption questionnaire is due*, **click** on the *begin* button to open the *questionnaire*.

🗏 Tom Applicant	
ESSAGE CENTER	Influenza Consent or Exemption is due, click on the begin button
QUESTIONNAIRES	
08-25-2023 Influenza Consent or Exemption is due 07-21-2023 OSHA Respirator Med Ouestionnaire is di	Lee begin
MESSAGES	
ask a question	SUBJECT UNREAD ONLY   SHOW ALL
07-19-2023 Tom Applicant	Questionnaire-OSHA Respirator Use
07-19-2023 Tom Applicant	Questionnaire-OSHA Respirator Use
07-19-2023 Tom Applicant 06-14-2023 Tom Applicant	Questionnaire-OSHA Respirator Use U of M OSHA Respirator Questionnaire

- 1. Select provide proof of receiving vaccine.
- 2. Answer the following question.

≡ Tom Applicant			٩
INFLUENZA CONSENT C	R EXEMPTION (1/1)		
Influenza Consent / E	xemption		
Select one option to become influenza vaccine requireme	e compliant with the annual ent. *	Receive vaccine from OHS or department flu liai	son
		Apply for Exemption	
		Provide proof of receiving vaccine	
Was your flu vaccine receive	ed after August 1 of this year? *	Yes No	
Save for later	If your chose the third option, answer the following question	su	вміт
	······································	© 2023 Enterprise Healt	h, all rights reserved

### How to upload proof of receiving Vaccine:

3. If your answer is Yes, **upload** the proof by clicking on the Choose file option.

= Tom Applicant	٢
INFLUENZA CONSENT OR EXEMPTION (1/1)	
Influenza Consent / Exemption	
Select one option to become compliant with the annual influenza vaccine requirement. *	Receive vaccine from OHS or department flu liaison     Apply for Exemption
Was your flu vaccine received after August 1 of this year? *	Yes No
Supporting Documentation	
You must provide a supporting document to be reviewed by the Oct below. If you do not have documentation, please either review your questionnaire to complete at a later date.	upational Health Services. You may upload your documentation answers above for accuracy or click the "home" icon at the top of
Please upload a copy of your influenza immunization from this season (PNG, PDF or IPG file only). Your influenza immunization requirement will not be complete without supporting documentation. *	Choose file
Influenza Vaccination Date from Outside Source	mm-dd-yyyy
Click on Choose file to upload the proof	
Save for later	SUBMIT
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4. In the file manager, **click** on your *proof of flue vaccination document*, it will update the *file name*, then **click** on the *Open button* to *upload the file*.

😨 Open							>
← → − ↑ 📑 > This PC > Desktop > Vac	cination Documents				~ Č	,P Search Va	ccination Docume
Organize 👻 New folder							= · 🛛 🛛
Desktop Documents EH_Training EHS-Technical Documents		-25	REAL SY				
Microsoft Teams Chat Files New folder OHS_Fit Testing Data Fictures Recordings	⊙ Covid.jpg	⊘ Flujpg	⊙ Hep Bjpg	Medical     Exemption     Form.pdf	⊘ MMRjpg	<ul> <li>Religiou</li> <li>Exemption</li> <li>Supporting</li> <li>Documents</li> </ul>	<ul> <li>Religious Exemption Supporting Document.pdf</li> </ul>
<ul> <li>Tableau Exercises</li> <li>This PC</li> <li>3D Objects</li> <li>Desktop</li> </ul>	⊙ TB.jpg	⊙ Tdap.jpg	S Vaccination.pd	⊘ Varicella.jp	g Click op vour docum	ent it will unlos	dthe
Vaccination Documents					File name, then Clic	Custom Files (	"png:".jpg:".jpeg ~ Cancel

- 5. Once the file is uploaded, Enter the Influenza Vaccination Date from outside source.
- 6. **Click** on the *submit* button.

How to Submit Influenza Vaccine Proofs in Enterprise Health Employee Portal

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INFLUENZA CONSENT OR EXEMPTION (1/1)	
Influenza Consent / Exemption	
Select one option to become compliant with the annual influenza vaccine requirement. *	Receive vaccine from OHS or department flu liaison Apply for Exemption
Was your flu vaccine received after August 1 of this year? *	Provide proof of receiving vaccine Yes No
Supporting Documentation	
You must provide a supporting document to be reviewed by the Oc below. If you do not have documentation, please either review you questionnaire to complete at a later date.	cupational Health Services. You may upload your documentation r answers above for accuracy or click the "home" icon at the top of
Please upload a copy of your influenza immunization from this season (PNG, PDF or IPG file only). Your influenza immunization requirement will not be complete without supporting documentation. *	Flujpg
Influenza Vaccination Date from Outside Source	08-15-2023
Proof of Flu vaccine file is uploaded, now enter the Date from outside source and Submit	SUBMIT
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**INCLUPATIONAL HEALTH SERVICES** 

7. **Click** on the *submit* button.

= Tom Applicant	Î	۲
SUBMISSION SUCCESSFUL		URICUPATION CONTRACTOR
THANK YOU! You will be redirected momentarily.	A thank you message will appear to acknowledge the submission, then it will take you back to the message center	
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Your flu proof will be reviewed and approved by OHS staff. Once it is reviewed, you will receive an email confirmation with the approval or denial notification. Approved flu vaccine proofs will be documented in your Enterprise Health portal where it can be viewed and printed by clicking on the My Medical Record tab.