



# Health Portal Instructions for Students in Health-Related Programs

Health Services oversees the initial clearance and yearly reassessment process for clinical participation for all students enrolled in a health related program. Certain health requirements must be met yearly to protect both the student and their patients. Instructions on how to complete your health requirements and upload them to the [Student Health Services Portal](#) for review by our Registered Nurses are listed below.

Once all requirements have been submitted, Health Services will review the student’s submission and will notify the student if they are cleared or if further information is needed.

**Students are not eligible for clinical rotations until they receive notification from Health Services that they are cleared.**

Please reference the following steps when completing your submission. If you have any questions during this process please call (585) 292-2018 or message our staff in the [Student Health Services Portal](#). Staff is available Monday through Friday from 8:45am to 4:45pm.

Once you login to the [Student Health Services Portal](#), please follow the steps below:

## Go to the Profile Tab

1. Enter your emergency contact information

Monroe Community College Student Health Services

Home

**Profile**

Medical Clearances Not Satisfied

Health History Need to Review

Messages 2 Unread

Downloadable Forms

Insurance Card

Personal Records

Immunizations

Immunization Upload

Log Out

### Profile for A-

This table allows you to view a

Profile Item
Date of Birth:
Email Address:
Profile Picture:
Passport #:
Preferred Name:
Gender Identity:
Pronouns:
Local Phone:
Mobile Phone:
Text Messaging:
Mobile Phone Carrier:
Local Address:
<b>Emergency Contact:</b>

# Go to the Medical Clearances Tab

1. Each required immunization is listed
2. Next to the entry, click update and enter the dates and name of the immunization when asked

Monroe Community College Student Health Services

Home

Profile

**Medical Clearances** Not Satisfied

Health History Need to Review

Messages 1 Unread

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Items required for clearance:

Clearance	Status
Confidentiality and Privacy	<input type="button" value="Update"/> <span>Not Compliant</span>
COVID-19 Vaccine	<input type="button" value="Update"/> <span>Compliant</span>
Hepatitis B	<input type="button" value="Update"/> <span>Not Compliant</span>
HRP Physical_Reassessment	<input type="button" value="Update"/> <span>Compliant until 01/02/2024</span>
Influenza	<input type="button" value="Update"/> <span>Not Compliant</span>
Insurance Information Page in EMF Forms	<input type="button" value="Update"/> <span>Not Compliant</span>
Measles	<input type="button" value="Update"/> <span>Not Compliant</span>
Meningococcal ACWY or B	<input type="button" value="Update"/> <span>Compliant</span>
Mumps	<input type="button" value="Update"/> <span>Not Compliant</span>
Rubella	<input type="button" value="Update"/> <span>Not Compliant</span>
TB Test- Initial- 6 mo	<input type="button" value="Update"/> <span>Not Compliant</span>
Tetanus-Diphtheria	<input type="button" value="Update"/> <span>Not Compliant</span>
Varicella	<input type="button" value="Update"/> <span>Not Compliant</span>

## Measles (rubeola)

**IMPORTANT:** You must use the Immunization Record "Update" button to submit your proof.

Doses of Measles or MMR Vaccine

<b>Date 1</b> <input type="text" value="01/04/2002"/>	<b>Vaccine1</b> <input type="text" value="MMR (Measles-Mumps-Rubella)"/>
<b>Date 2</b> <input type="text" value="05/08/2006"/>	<b>Vaccine2</b> <input type="text" value="MMR (Measles-Mumps-Rubella)"/>

Measles Antibody Titer (blood test)

<b>Date</b> <input type="text" value="MM/DD/YYYY"/>	<b>Result</b> <input type="button" value="clear"/> <input type="radio"/> Positive <input type="radio"/> Negative
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## To Decline the Meningococcal ACWY or B immunization

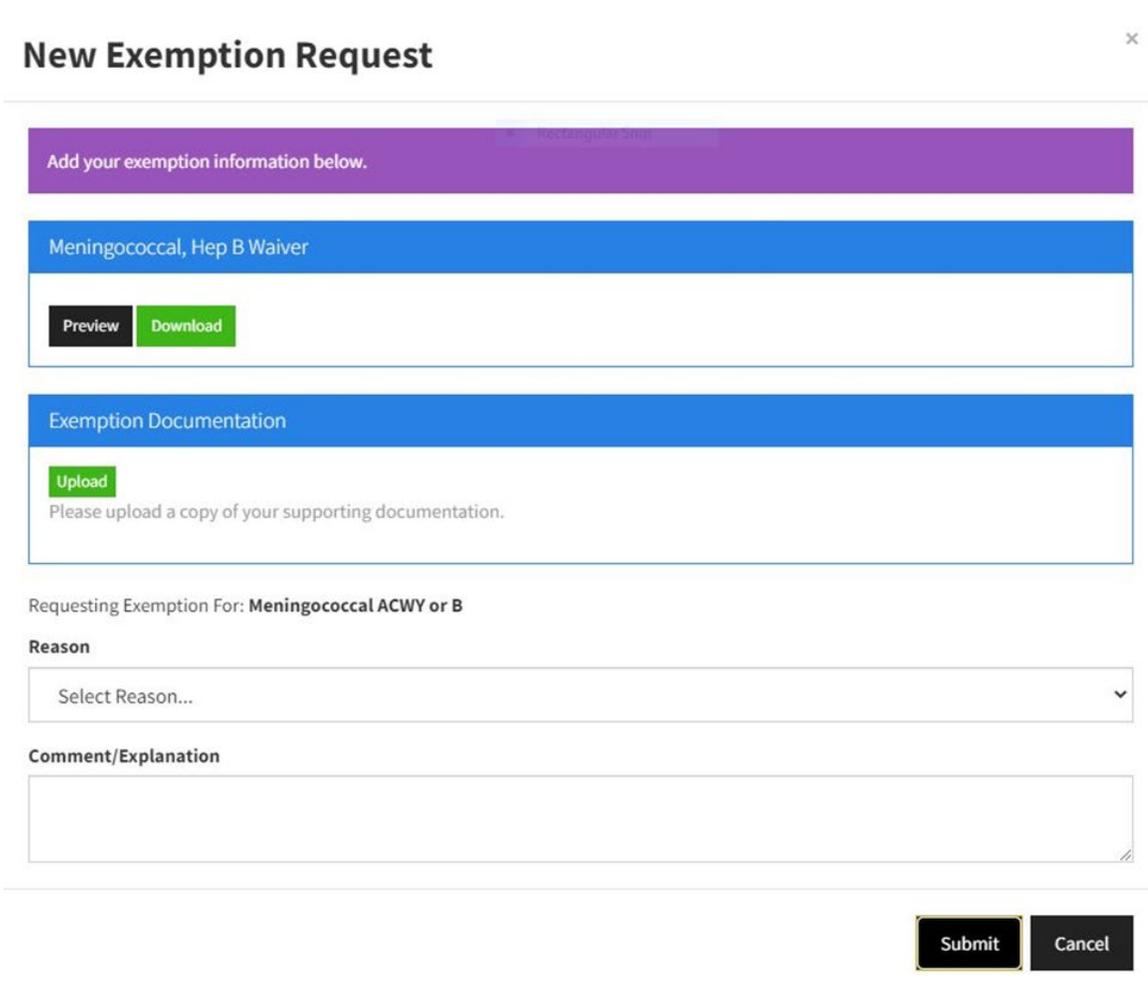
You can decline the Meningococcal ACWY or B immunization requirement by completing the following steps:

1. Scroll down the page to “Clearance Exemptions” and click “Request an Exemption”



The screenshot shows a modal window titled "Request an Exemption". At the top left is the title "Request an Exemption" with a close button (X) on the right. Below the title is a "Clearance" section with a blue "Request Exemption" button. A dropdown menu is open, showing "Meningococcal ACWY or B". Below the dropdown is a black "Continue" button. At the bottom right of the modal is a black "Cancel" button.

2. Select Meningococcal ACWY or B and click continue
3. Click Preview and follow the provided link to read materials on Meningitis disease
4. Download the waiver



The screenshot shows a "New Exemption Request" form. At the top is the title "New Exemption Request" with a close button (X) on the right. Below the title is a purple banner with the text "Add your exemption information below." and a blue "Request Exemption" button. The form is divided into two main sections: "Meningococcal, Hep B Waiver" and "Exemption Documentation". The "Meningococcal, Hep B Waiver" section has a blue header and contains two buttons: "Preview" and "Download". The "Exemption Documentation" section has a blue header and contains an "Upload" button and the text "Please upload a copy of your supporting documentation." Below these sections, the text "Requesting Exemption For: Meningococcal ACWY or B" is displayed. Underneath is a "Reason" section with a dropdown menu showing "Select Reason...". Below the dropdown is a "Comment/Explanation" section with a large text area. At the bottom right of the form are two buttons: "Submit" and "Cancel".

5. Select the box declining the immunization, enter your M number, sign and date.

### Meningitis

New York State Public Health Law requires that all college and university students enrolled for at least six (6) semester hours, or the equivalent per semester, submit proof of immunization or decline the immunization. Your eligibility for classes at Monroe Community College is not impacted by electing to decline this immunization.

The Advisory Committee on Immunization Practices recommends that all first-year college students up to 21 years of age have at least 1 dose of Meningococcal ACWY (Brand names: Menactra, Menveo, MenQuadFi, or Menomune) not more than 5 years before enrollment, preferably on or after the 16<sup>th</sup> birthday.

Young adults 16-23 years of age may choose to receive the Meningococcal B vaccine series (Brand names: Trumenba or Bexsero).

Please review the [Meningococcal Disease Fact Sheet](#) prior to completing this form.

Decided that I (or my child) will not obtain immunization against meningococcal disease.

*Checking this box serves as my signature to this document and attestation that I have read, or have had explained to me, the information regarding meningococcal disease. I understand the risks of not receiving the vaccine. I also understand this does not prevent me (or my child) from receiving the vaccine in the future, from my private health care provider, local health department or the Monroe County Health Department's Immunization Clinic at 111 Westfall Rd, Rochester, NY 14620. Phone 585-753-5150.*

Student Name \_\_\_\_\_ M00# \_\_\_\_\_  
Date: \_\_\_\_\_

6. Once complete, click on Request an Exemption again, select Meningococcal ACWY or B
7. Under Exemption Documentation, upload the completed document
8. Select Reason "Meningococcal Waiver" and click submit.

### New Exemption Request

Add your exemption information below.

Meningococcal, Hep B Waiver

Preview Download

Exemption Documentation

Upload

Please upload a copy of your supporting documentation.

Meningitis Waiver...

Remove Edit/Comment

Requesting Exemption For: Meningococcal ACWY or B

Reason

Meningococcal Waiver

Comment/Explanation

Submit Cancel

# Hepatitis B

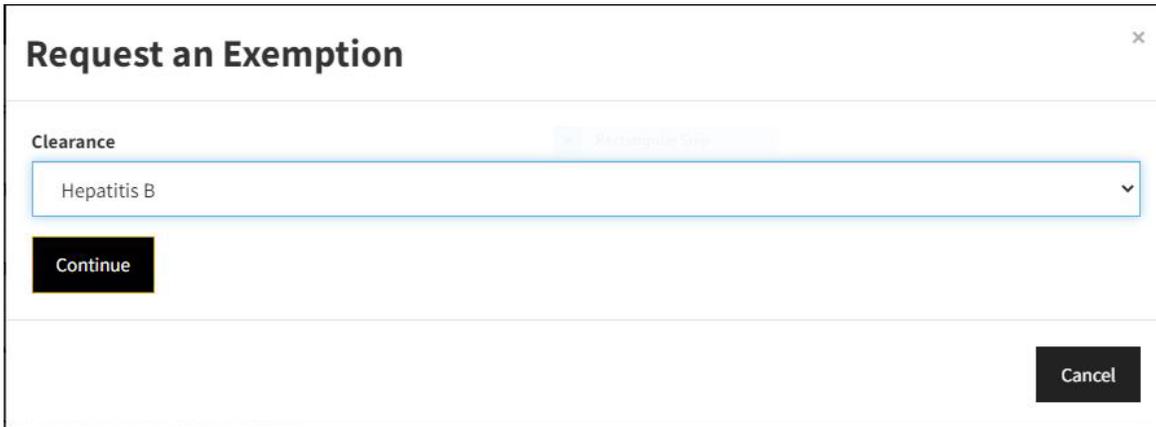
If you have had three doses of the Hepatitis B vaccine or have completed a Hepatitis B Surface Antibody Titer with a positive result, you may enter that information

**Or:**

You may choose to decline this immunization and be compliant with clinical requirements for your program.

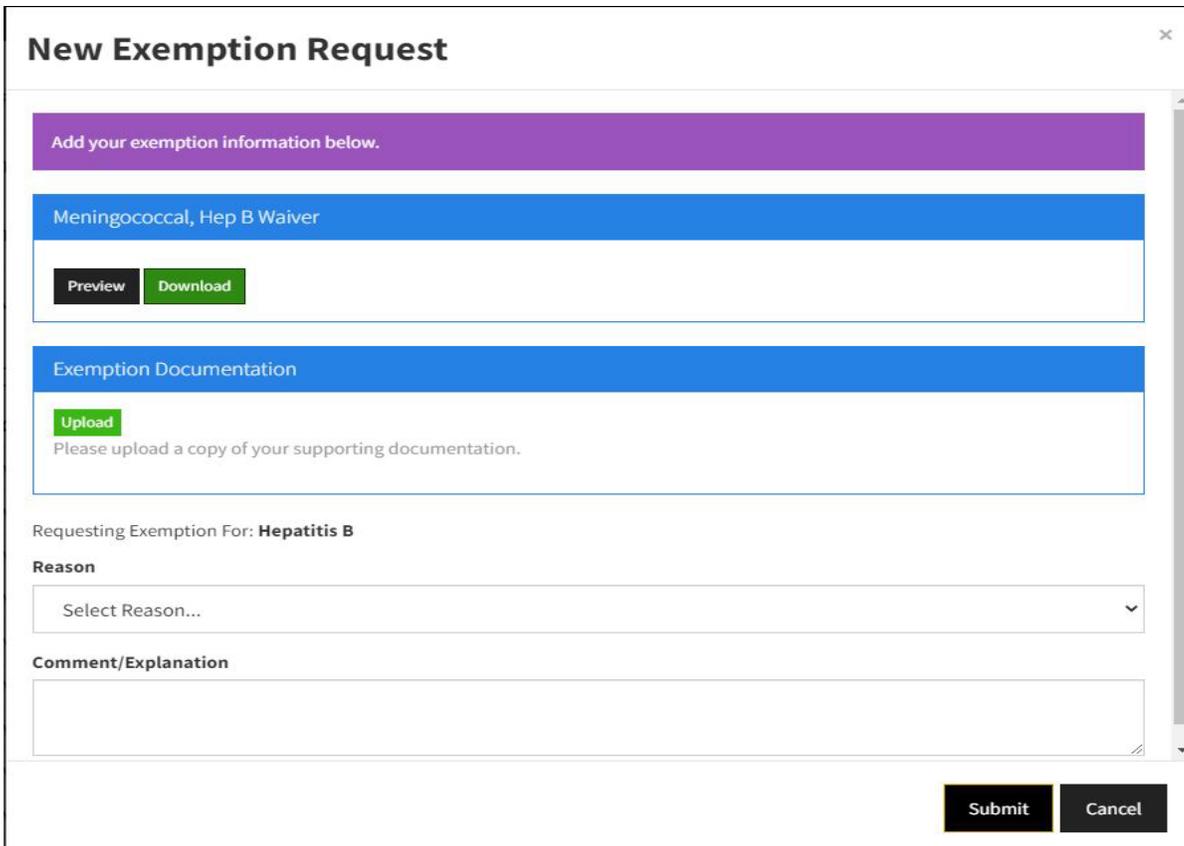
## ***To Decline a Hepatitis B Immunization***

1. Scroll down to the page to “Clearance Exemptions” and click “Request and Exemption”



The screenshot shows a modal window titled "Request an Exemption". At the top left is the title "Request an Exemption" and a close button (X) at the top right. Below the title is a "Clearance" section with a "Rectangle Drop" icon and a dropdown menu currently showing "Hepatitis B". Below the dropdown is a black "Continue" button. At the bottom right of the modal is a black "Cancel" button.

2. Select Hepatitis B and click continue
3. Click Preview and follow the provided link to read materials on Hepatitis B disease
4. Download the waiver



The screenshot shows a "New Exemption Request" form. At the top left is the title "New Exemption Request" and a close button (X) at the top right. Below the title is a purple banner with the text "Add your exemption information below." Below this is a blue banner with the text "Meningococcal, Hep B Waiver". Below the blue banner are two buttons: "Preview" and "Download". Below this is another blue banner with the text "Exemption Documentation". Below the blue banner is an "Upload" button and the text "Please upload a copy of your supporting documentation." Below this is the text "Requesting Exemption For: Hepatitis B". Below that is a "Reason" section with a dropdown menu currently showing "Select Reason...". Below the dropdown is a "Comment/Explanation" section with a text area. At the bottom right of the form are two buttons: "Submit" and "Cancel".

5. Select the box declining the immunization, enter your M number, sign and date

## Hepatitis B

ONLY Health Related Program Students are required to select one of the following.

Please review the [Hepatitis B Fact Sheet](#) prior to completing this form.

Decided that I (or my child) will not obtain immunization against Hepatitis B.

*Checking this box serves as my signature to this document and attestation that I have read or had explained to me the information regarding Hepatitis B and I understand that due to a possible exposure to blood or bodily fluids in my training, I may be at risk of acquiring Hepatitis B viral infection, a serious liver disease. Please carefully review the [Hepatitis B Fact Sheet](#). If you decline the vaccine at this time and continue to have occupational exposure to blood or other potentially infectious materials and wish to be vaccinated with the Hepatitis B vaccine, you can receive this vaccine from a medical provider or the healthcare agency that employs you.*

Student Name \_\_\_\_\_ M00# \_\_\_\_\_

Date: \_\_\_\_\_

6. Once complete click on “Request an Exemption” again

7. Under Exemption Documentation click Upload to upload the completed document

8. Under Reason select “Hepatitis B Waiver” and click submit.

### New Exemption Request

Add your exemption information below.

Meningococcal, Hep B Waiver

Exemption Documentation

Please upload a copy of your supporting documentation.



Requesting Exemption For: **Hepatitis B**

Reason

Hepatitis B Waiver

Comment/Explanation

# HRP (Health-Related Programs) Physical Reassessment

1. Click the update button next to HRP Physical Reassessment

Items required for clearance:

Clearance		Status	Details
Confidentiality and Privacy	<a href="#">Update</a>	<span>✖</span> Not Compliant	<a href="#">No Data</a> ⓘ
COVID-19 Vaccine	<a href="#">Update</a>	<span>✔</span> Compliant	<a href="#">Exempt: COVID In Progress</a> ⓘ
Hepatitis B	<a href="#">Update</a>	<span>✖</span> Not Compliant	<a href="#">No Data</a> ⓘ
<b>HRP Physical_Reassessment</b>	<a href="#">Update</a>	<span>✖</span> Not Compliant	<a href="#">Not Satisfied</a> ⓘ

2. Download the form

3. Take the form to your physical exam appointment with your physician. **Important:** If your physician does not use the HRP Physical Reassessment Form, please return this page, along with the technical standards found on pages 3-6 to your physician to sign and date with the date your physical was completed. The physician must review the technical standards attached to the physical and attest to each student's clearance for program participation. **Health Services cannot accept physical exams without this section completed.**

4. Upload the form by returning to the portal and again clicking the update button next to HRP Physical-Reassessment

5. Enter the date your physical exam was completed

6. Click save

## Health Programs Physical

Health Programs Physical **Upload Needed**

Please download and print this document. After the document is completed, return here to upload it.

**Download** Preview Download Upload Received 3/14/2023 11:45 AM Show Uploaded Document

**Document Date:** 01/02/2023

**Status:** Upload Required

Additional Uploads

Upload



Cancel Save

# Go to the Insurance Card Tab

Monroe Community College Student Health Services

Home

Profile

Medical Clearances **Not Satisfied**

Health History **Need to Review**

Messages **2 Unread**

Downloadable Forms

**Insurance Card**

Personal Records

Immunizations

Immunization Upload

## Insurance Cards

Please scan and upload images of the front and back of your insurance card.

**Add New Card**

Deleted


1. Click on Add new Card
2. Enter the Member or Subscriber Name and Member or Subscriber ID
3. Upload a picture of the front and back of your insurance card where prompted
4. Click save

### Add Insurance Card

Member Name

Member ID

Group Number

Plan Provider

Plan Type

Copay

Full Address

Web Address

**Upload Front Image**

**Upload Back Image**

**Save** **Cancel**

## Go to the Immunization Upload Tab

1. Click on Add Immunization Record
2. Upload your immunization record that includes your name and date of birth
3. Once uploaded, click save

The screenshot shows the Monroe Community College Student Health Services website. The header is black with white text. A left sidebar contains navigation links: Home, Profile, Medical Clearances (with a 'Not Satisfied' badge), Health History (with a 'Need to Review' badge), Messages (with a '2 Unread' badge), Downloadable Forms, Insurance Card, Personal Records, and Immunizations. The 'Immunization Upload' link is highlighted in a black box. The main content area is titled 'Immunization Upload for A-First-Mat Test-Student' and includes instructions: 'Please upload your scanned immunization records. We accept the following file types: PNG, JPG, JPEG, GIF.' Below this is a yellow 'Add immunization record...' button, and two black buttons labeled 'Save' and 'Cancel'.

## Completing the Process

After you complete each entry you will see the following on the Medical Clearances Page

- Status: Not Compliant
- Details: Not Satisfied

This means we have received your documentation, but our office has not yet reviewed and approved the documentation you submitted. You will receive an email to notify you whether or not you have met the requirements and are cleared for athletic participation.

If your screen says:

- Details: No Data

You did not provide your immunization or other records successfully. Please click on the Update button to try again.