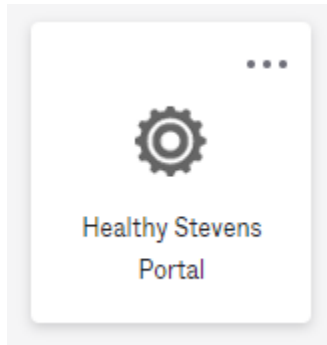


## **COVID-19 Vaccination Upload Instructions via Healthy Stevens**

1. Access “Healthy Stevens Portal” via myStevens.



2. Enter your Date of Birth (MM/DD/YYYY) to log in to the Healthy Stevens Portal

### Healthy Stevens Wellness Portal

Welcome back! To confirm your identity, you must provide the following additional personal information:

Please confirm your Date of Birth:

Date of Birth

Proceed

Cancel

### 3. Select Requirements & Forms from the left navigation bar

Healthy Stevens Wellness Portal

Home

Profile

Requirements & Forms **Not Satisfied** ←

Health History **Need to Review**

Appointments

Messages

Other Forms

Forms

Insurance Card

Survey Forms

Immunization History

Log Out

## Home for Test Patient2

You last logged in: 8/18/2022 1:27 PM [Log Out](#)

### Welcome to Your Healthy Stevens Wellness Portal

This site is designed to help our students interact more conveniently and efficiently with us.

Please use this app to book your appointments for the Counseling Center, Student Health Services and Sports Medicine (Varsity Athletes only) offices.

**[Advanced Options]**  
You are seeing this link because your patient record is configured as a testing record.  
[Version: 12.11.5800]

### 4. Take note of the compliance requirements:

## Requirements & Forms for Test Patient2

This forms processing page includes: Health Services, Counseling & Psychological Services (CAPS), & Athletic forms. You may need to scroll down to see all forms in this processing center.

To be fully compliant with your medical clearances and to avoid a hold you must make sure you have done the following:

1. Enter the dates of immunization for all immunizations. Failure to enter immunization dates will result in non-compliance with medical clearance requirements.
2. Upload a copy of your immunization record (**Required**).
3. All documents must be **officially translated** into English.
4. Please note your status will change from "**Non-Compliant**" to "**Compliant**" after your record has been approved by our clinical staff.

Overall Clearance Status: Not Satisfied

Physical Exam Date: None

Items required for clearance:

5. Locate the “COVID Vaccine” Item in the list and click “Update”:

COVID Vaccine Update Not Compliant No Data

## COVID-19 Vaccine

Add your COVID-19 immunization information below.

### COVID-19 Vaccination Card Upload

Upload

Please upload a copy of your vaccination card

### COVID-19 Vaccine History

Add Immunization

**Immunization**

**Administered Date**


*No history to display*

Done

6. Click “Upload” for under COVID-19 Vaccination Card Upload, upload an image of your record/card, and verify the upload by selecting “Looks Good”. **Please note:** A new record image must be uploaded each time you add a new immunization. The image file name cannot include any special characters (i.e., \$, &, -, \_ /, etc.) and must be in English for a successful upload.

## Verify Upload

Does this image look correct? If it looks wrong for any reason (i.e., wrong orientation, too bright or dark, needs to be cropped), click **Edit Image** and use the image editor controls to adjust the image as appropriate.

COVID-19 Vaccination Record Card 

Please keep this record card, which includes medical information about the vaccines you have received.  
Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Patient number (medical record or ID record number): \_\_\_\_\_

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional Clinic/ID#
1 <sup>st</sup> Dose COVID-19	_____	____/____/____ mm dd yy	_____
2 <sup>nd</sup> Dose COVID-19	_____	____/____/____ mm dd yy	_____
Other	_____	____/____/____ mm dd yy	_____
Other	_____	____/____/____ mm dd yy	_____

Cancel Upload

Edit Image

Looks Good

7. Click “Add Immunization” and enter the date of your immunization (MM/DD/YYYY). Then select your immunization type from the drop down menu.

## Add Immunization

Date

01/01/2022

Immunization

Select one...

Save

Cancel

8. Verify that all information is correct and select “Done”.

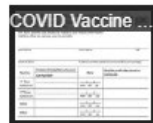
## COVID-19 Vaccine

Add your COVID-19 immunization information below.

### COVID-19 Vaccination Card Upload

#### Upload

Please upload a copy of your vaccination card



Remove

Edit/Comment

### COVID-19 Vaccine History

#### Add Immunization

Immunization	Administered Date	
COVID19 AstraZeneca/Covishield	01/01/2022	<a href="#">Edit</a> <a href="#">Delete</a>

Done

9. You will receive a “Success” notification at the top of your page and your submission will be reviewed by clinical staff. Your status will change from “Non-compliant” to “Compliant” after your record has been approved.

Healthy Stevens Wellness Portal

Test Patient2

✓ Success

Your immunization changes have been saved successfully.