

## How To Provide Your Required Health Materials

## Step I: Log Onto Techweb

## Step 2: Click on the Student tab, then the "My Health" Icon, & "My

**Health Portal**<sup>\*\*</sup> - Enter your Date of Birth, which opens the secure portal, which looks like this:

Integrated Student Health Center Welcome, Test1 Patient | Logo TECH Home Oregon Step 3: Click on "Forms' Integrated Student Health Center You last logged in 6/1/2016 1:47:44 PM Home Profile You have 1 unread secure message. [Go to Messages] Appointments Welcome to Student Health Center Portal Forms This site is designed to help students interact more conveniently and uivey rorms efficiently with Student Health Services. Using the links at the left you Account Summarv can Immunizations

Step 4: Complete the "Health History" & "High Risk Tuberculosis Screening" forms first by clicking each link

Step 5: Click on the "Immunizations Page in EMF Forms" link



## Step 6: Provide dates you received 2 doses of the MMR vaccine

1: Measles, Mumps, and Rubella (MMR) [Satisfies Immunization Requirement for Measles, Mumps, and Rubella] Measles, Mumps, and Rubella Immunity Per Oregon Adminstrative Rule 333-050-0130: All entering university students born on or after January 1, 1957 will have two doses of MMR (measles, mumps, rubella) which are at least 24 days apart and the first dose was up to 4 days prior to or after student's first birthday. You may refer to "Integrated Student Health Center" in the online Oregon Tech General Catalog for more information. You can meet this requirement either by combined MMR immunizations or by individual immunizations or by blood test showing evidence of immunity. If the information submitted regarding MMR vaccinations is incomplete or insufficient, a hold will be placed on your account, preventing you from registering. The Intergrated Student Health Center (ISHC) does have this vaccination (or blood tests) available International Students: You must have at least one documented MMR vaccine on file PRIOR to attending any classes ide the dates of your com Plea MMR immunizations below. Two doses are uired. Date for Dose 1: M/D/YYYY

Date for Dose 2: M/D/YYYY

Step 7: Acknowledge "Privacy Practices" & "Consent for Treatment" by clicking on each link

And You're Done!

Questions? Call 541-885-1800