

## INSTRUCTIONS FOR SUBMITTING YOUR MMR IMMUNIZATION RECORDS USING MED+PROCTOR FOR STUDENTS & STAFF

1. Go to the Med+Proctor website & enter your EWU email account; this will only work with an official EWU email address.

[Med Proctor Link](#)

School email

[Admin login](#)

2. You will be directed to EWU single sign on, where you will enter your NETID and password followed by your preferred DUO authentication method for security purposes.



NETID

PASSWORD



[> Forgot your password?](#)  
[> Need Help?](#)

By logging in, I understand and agree to the:

**EWU Systems and Server Login Banner Notice**

Notice: As part of continuing efforts to prevent the spread of Covid-19, Eastern Washington University currently restricts entrance into university facilities to persons with Covid-19 symptoms as shown below that cannot be attributed to another health condition.

Anyone who is on campus is required to wear a facial covering when in a public space and fill-out the [COVID-19 Daily Symptom Check](#)

Symptoms of COVID-19 include any one of the following symptoms:



Choose an authentication method

Duo Push <b>RECOMMENDED</b>	<input type="button" value="Send Me a Push"/>
Call Me	<input type="button" value="Call Me"/>
Passcode	<input type="button" value="Enter a Passcode"/>

Remember me for 7 days



3. Select students or employee from the drop down menu. Click continue to fill out the next few pages of registration information including name, DOB, phone, password, personal and emergency contact information.

## Entering Term

### Attention

Selecting the incorrect requirement group can significantly delay the processing of your records. For more information about selecting the right requirement group visit <https://support.medproctor.com> and search our knowledge base.

Entering Term \*

✓ Select  
Students  
Employee

Student ID \*

Campus Resident? \*

Select

Continue...

4. Agree to the License Agreement by entering your full name and click continue.

Med+Proctor Agreement

### END USER LICENSE AGREEMENT / TERMS OF USE

**IMPORTANT: PLEASE READ THIS EULA CAREFULLY.**  
Med+Proctor is a developer and distributor of educational and medical record management hardware, software, and mobile applications. Med+Proctor also provides Services to Educational Institutions, which use its proprietary Program.

This EULA is between Med+Proctor and User. Please read this EULA carefully, as User accepts and agrees to be bound by all Terms by accessing and/or using the Site, Program and/or Services. If User does not accept or agree to be bound by the Terms of this EULA, then User should not access or use the Site, Program and/or Services, and User must immediately exit this Site and/or discontinue use of the Program and/or Services. The access and/or use of the Site, Program and/or Services signifies User's acceptance and continued acceptance of Med+Proctor's Terms, including this EULA, and any revisions thereto.

The Site, Program, and/or Services are to be accessed and used only by Users (and/or their Representatives) who are thirteen (1) years of age or older and who consent to and authorize any and all privacy waivers requested by Med+Proctor. By accessing and/or using the Site, Program and/or Services, the User acknowledges, represents

Enter your full name

Enter your full name for use as an electronic signature

Agree

## Agreements

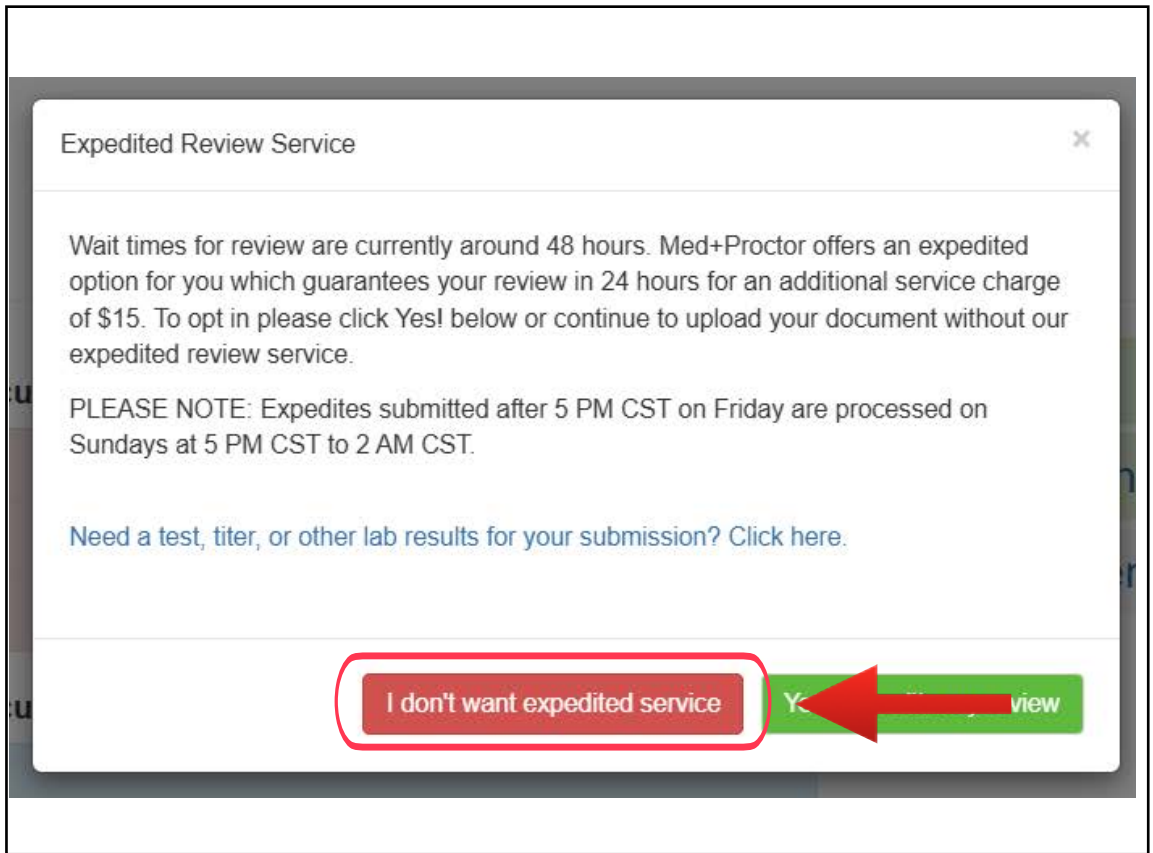
End User License Agreement

Continue...

**5. IMPORTANT:**

Med+Proctor will prompt you to pay \$15 for expedited processing. We strongly recommend students **decline** this fee.

**Press the red "I don't want expedited service" button to decline this fee.**



**6.** In document type, select "supporting document" if you are using any of the following: immunization records from a healthcare provider, public health department, state immunization registry, child immunization card, military immunization record, or positive titer results. Make sure it is a .jpeg of the document and click continue to upload.



7. If you are **UNABLE** to find your MMR immunization records, but your healthcare provider has a record, you can print off the **Immunization Certificate** form available on Med+Proctor's website and take it to your healthcare provider

### Download Documents

Immunization Certificate

Exemption request form

8. If your healthcare provider has completed and signed the Immunization Certificate, in the document type select "Immunization Certificate", make a .jpeg of the document and upload file .

### Upload a Document

JPEG (.jpeg or .jpg) images are preferred.


Need to correct a document you have submitted? Simply select the document type and choose the corrected file in the form below.

**Document Type \*** Select

- Immunization Certificate
- Supporting Documentation

**Select a file \*** Choose File no file selected

Continue...



You've uploaded 0 documents. [Upgrade your account to view your documents!](#)

9. Med+Proctor will notify you via email when your documents are approved. Review from Med+Proctor is fairly fast, so there is no need to pay \$10 to expedite review.

## Your record is being reviewed

Med+Proctor will notify you via email when your institution approves your submission.

Click below to expedite the review of your documents.

Expedite review - \$10

[Click here to submit another document](#)



# Immunization Certificate Example



## INSTRUCTIONS



University:

Student:  DOB:

**✓ HOW TO COMPLETE THESE FORM(S):**

- A licensed healthcare professional **MUST** complete and sign **THESE** forms. **ALL green sections are required.**
- PRINT CLEARLY WITH DARK BLACK INK.** A computer will be reading your forms. Fill in circles completely.
- NO** other forms of documentation will be accepted. (Blue Cards, Yellow Cards, State Immunization Records, etc. are NOT accepted)
- Do not fold, cut, or mark on the border lines of these forms.
- Include the Border Lines in your scanned images.
- Review your forms for completeness and accuracy. Double check **ALL** signatures. **MM/DD/YY date formats.**
- Consult your Healthcare Professional before receiving any of the following immunizations.

**Your records are due by: First day of class**

REQUIRED	RECOMMENDED	OPTIONAL
Required by regulation and /or policy to attend this university.	Recommended for your general well being but NOT required.	Optional information
<p><b>Documents:</b> Immunization Certificate</p> <p><b>Immunization Dates:</b> MMR (2 doses OR Pos. Titer) COVID Vaccine</p>	<p><b>Immunization Dates:</b></p>	<p><b>Immunization Dates:</b></p>

**✓ UPLOADING YOUR FORMS:**

- Review your forms for completeness and accuracy. **Double check ALL signatures.**
- Scan or photograph your documents as JPGs for upload. Be sure to include the border lines and fill the picture frame.
- Upload your completed forms to your account at medproctor.com.
- You may upload your additional documentation for storage and later retrieval. (blue cards, state records, etc.)
- Check your University Email account regularly for messages from MedProctor regarding incomplete information.

*You will be notified via email once your information is successfully verified.*

**BE AWARE:**

- \* Incomplete/Illegible writing and poor images will be rejected.
- \* Completion of these forms by your due date will help expedite your registration process.

**Do not upload this page.**



# Immunization Certificate Example



## IMMUNIZATION CERTIFICATE



PRINT CLEARLY WITH DARK BLACK INK.  
This form will be read by a computer.  
Upload to medproctor.com

University: Eastern Washington University

Green = Required

Student:

DOB:

Blue = Recommended

Black = Optional

**MMR** Measles, Mumps, Rubella **Required**

1st MM DD YY

2nd MM DD YY

**COVID-19** **Required**

1st MM DD YY

2nd MM DD YY

**REQUIRED - Immunization History Signature (Please clearly complete ALL and place office stamp at bottom of page.)**

LICENSED CARE PROFESSIONAL SIGNATURE

PRINT LICENSED HEALTH CARE PROFESSIONAL FIRST AND LAST NAME

SIGNATURE DATE

NON-PARENTAL

NPI NUMBER not required for U.S. service members or international students

NPI NAME OF LICENSED HEALTH CARE PROFESSIONAL

OFFICE PHONE NUMBER



OFFICE STAMP

