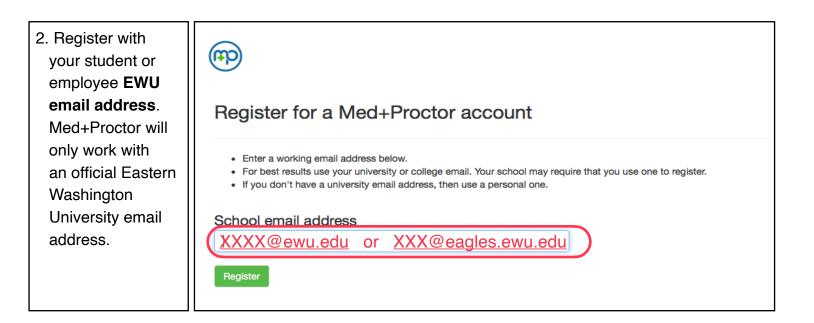
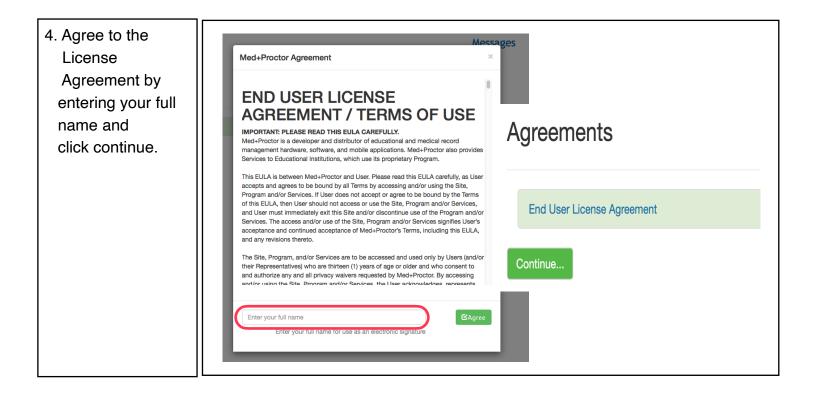
### INSTRUCTIONS FOR SUBMITTING YOUR MMR IMMUNIZATION RECORDS USING MED+PROCTOR FOR STUDENTS & STAFF







| 3. Select students<br>or employee from<br>the drop down<br>menu. Click<br>continue to fill<br>out the next few<br>pages of<br>registration<br>information<br>including name,<br>DOB, phone,<br>password,<br>personal and<br>emergency<br>contact<br>information. | Entering Term   |   |  |
|--|---|---|--|
|  | <b>.</b> ,  | nt group can significantly delay the processing of your records.<br>ting the right requirement group visit https://support.medproctor.com |  |
|  | Entering Term *<br>Student ID *<br>Campus Resident? * | <ul> <li>✓ Select</li> <li>Select</li> <li>✓</li> <li>Continue</li> </ul>   |  |



5. **IMPORTANT:** You may choose to purchase the \$10.00 MP package for permanent access to your records. However, it is not required to submit your records to EWU.

PLEASE CHOOSE THE GRAY BUTTON AT THE BOTTOM.

## Ready to submit your documentation?

Submit your immunizations with M+P Pro!

#### **Benefits**

One-time, easy payment of \$10.00

Priority Access to support staff and verification services.

Lifetime Access: Download and use your immunization forms anytime you need them.

Centralized, Secure Storage: All of your relevant health information in one location.

Access to the Association of American Medical Colleges (AAMC) form which is accepted nationwide.

Generate your complete health record with just one click! Great for transfer of health information to other organizations.

No, thank you. I do not want access to my documents la

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.

### Documents

Continue...

#### **Download Documents**

**Immunization Certificate** 

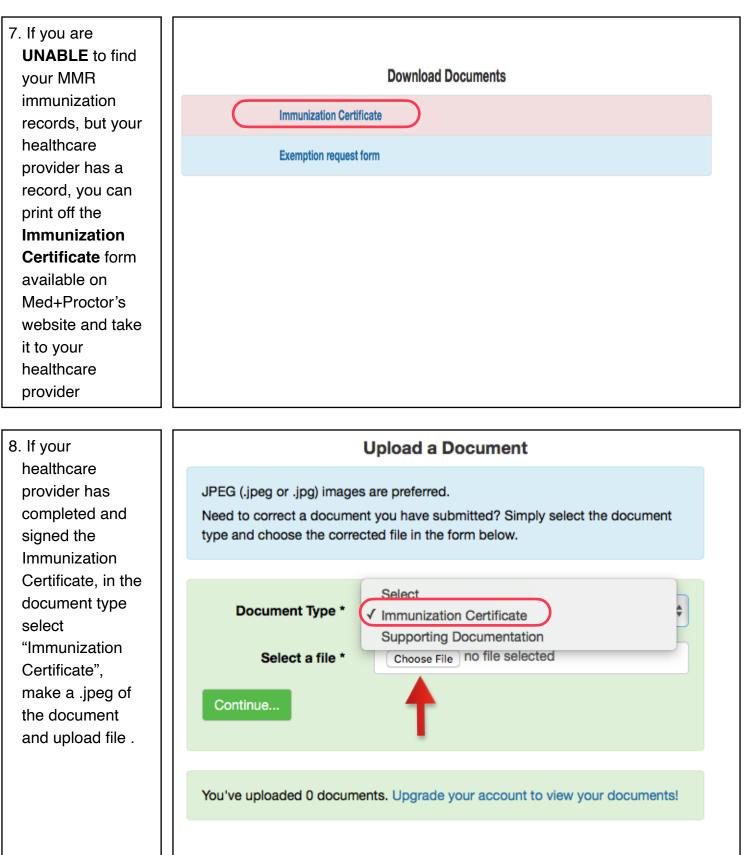
Exemption request form

### **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 Select a file \* Supporting Documentation Covid Lab Results



 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.

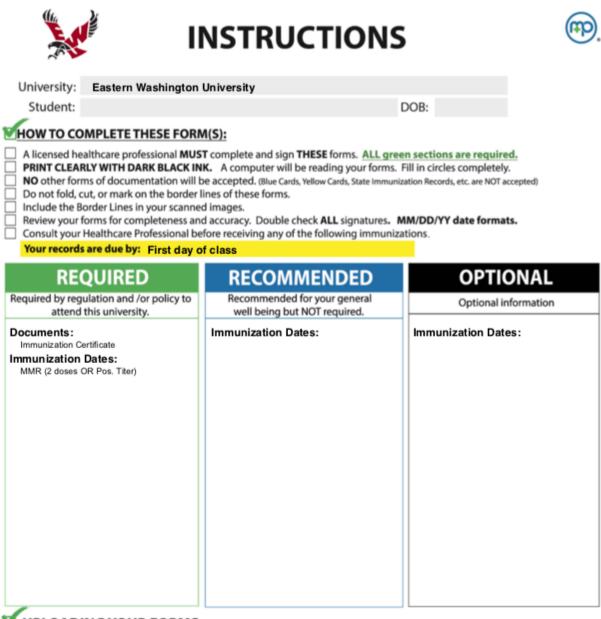
Click below to expedite the review of your documents.

Expedite review - \$10

Click here to submit another document



# Immunization Certificate Example



### 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.

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## **Immunization Certificate Example**

| IMMUNIZATION CERTIFICATE           PRINT CLEARLY WITH DARK BLACK INK.           This form will be read by a computer.           Upload to medproctor.com | 3                                      |
|--|--|
| University: Eastern Washington University  | Green = Required<br>Blue = Recommended |
| MMR Measure. Robuste     Required       1st     D.D.Y.Y       2nd     D.D.Y.Y  | Black = Optional                       |
| REQUIRED - Immunization History Signature (Please clearly complete ALL and place office stamp a<br>LICENSED CARE PROFESSIONAL SIGNATURE<br>NON-PARENTAL  | at bottom of page.)<br>SIGNATURE DATE  |
| OFFICE STAMP   | +                                      |