## **Enterprise Health Documentation Upload**

- 1. Navigate to the Enterprise Health portal here: Enterprise Health Portal
- 2. Select 'OHSU Employee, Students, and Volunteers' or 'Applicants and Non-OHSU Members'
- 3. Enter your Username and Password
- 4. Select 'Forms/Surveys/Documents'



- 5. Select the appropriate option for the document(s) you are uploading
  - a. 'Other' should be used for historical immunizations (MMR, Varicella, etc.)

DOCUMENTS	5
Please upload all doo	cuments here.
COVID VACCINE	FLU VACCINE OTHER

## **COVID Vaccine and Other**

1. Click 'Choose File' to and select your PNG, PDF, or JPEG (file only) from your device to upload. Then click 'Submit'.

			Address Felephone number
			Nobile phone number
			Sirth date Position Title
ŀ	Choose f	cumentation here (PNG, PDF or JPG file	'lease upload official docu nly). *

- 1. Enter the Date and Location of your Vaccination
- 2. Click 'Choose File' to and select your PNG, PDF, or JPEG (file only) from your device to upload
  - a. Note A document is NOT required
- 3. Agree to the attestation
- 4. Click 'Submit'.

Seasonal Flu Vaccine Documentation	
Date *	mm-dd-yyyy
Location *	Pharmacy Primary care clinic Other location
If you have received your Flu vaccine somewhere other than OHSU Occupational Health, please upload documentation here (PNG, PDF or JPG file only).	Choose file
Attestation	
l hereby certify that the information I am providing is complete, true and accurate to the best of my knowledge. I understand that falsification or misrepresentation of any information will be subject to disciplinary action. *	Yes
Save for later   Cancel	SUBMIT