

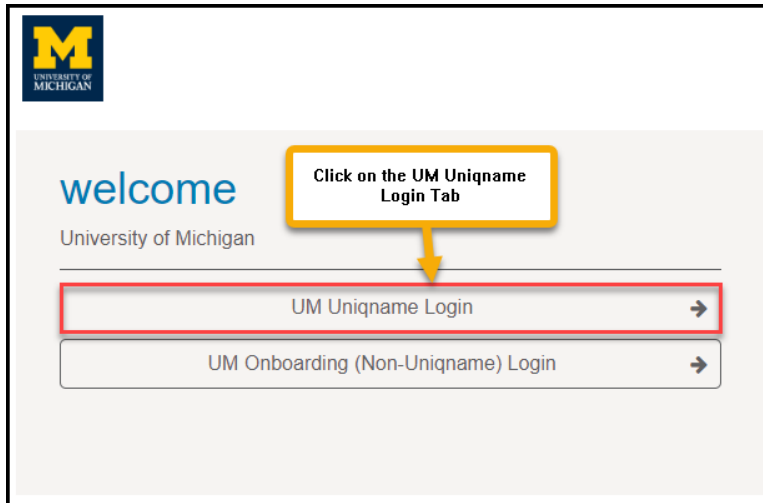
Contents

How to Login into Employee Portal:	2
Employee Portal Main Page:.....	3
Message Center / Questionnaires:	4
Influenza Consent / Exemption:	4
First Option: Receive Vaccine from OHS or Department Liaison	5
How to Schedule an Appointment at the 2705 South Industrial Drive-Through Flu Clinic:	6
How to Select Date / Time for Appointment / using the Calendar:	9
Second Option: Apply for Exemption	12
Medical Exemption:	12
How to Save for Later:	12
How to Print a Medical Exemption Form:	13
How to upload a Medical Exemption form:.....	15
Religious Exemption:	18
How to upload supporting documentation for Religious Exemption:.....	19
Third Option: Provide Proof of Receiving Vaccine	21
How to upload proof of receiving Vaccine:	21

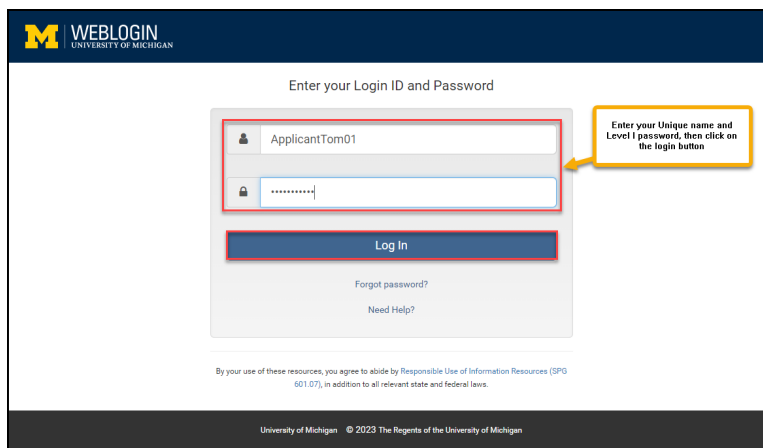
This step by step guide will show users how to get to and access the Influenza Consent Questionnaire (for non-nursing staff) in Enterprise Health's Employee Portal, also, how to upload supporting documents and or proofs.

How to Login into Employee Portal:

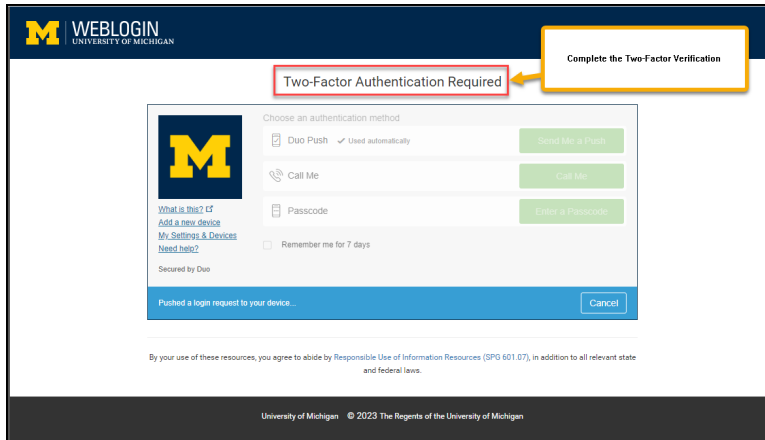
1. Click on this link to get to the login page for [Enterprise Health's Employee Portal](#).
2. On the welcome screen **Click** on the *UM Uniquename Login* to open the Login Screen.



3. Enter your *unique name and Level 1 password*, then **Click** on the *Login* button.

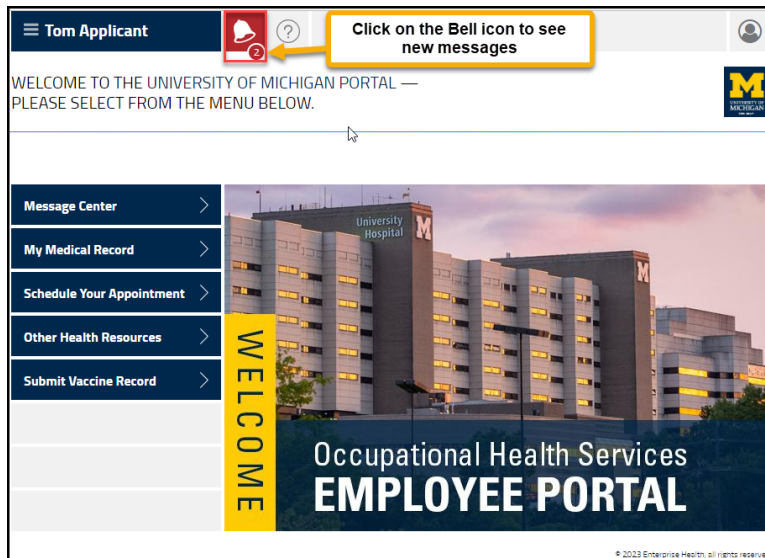


4. It will take you to the Two Factor Verification screen, complete the verification.



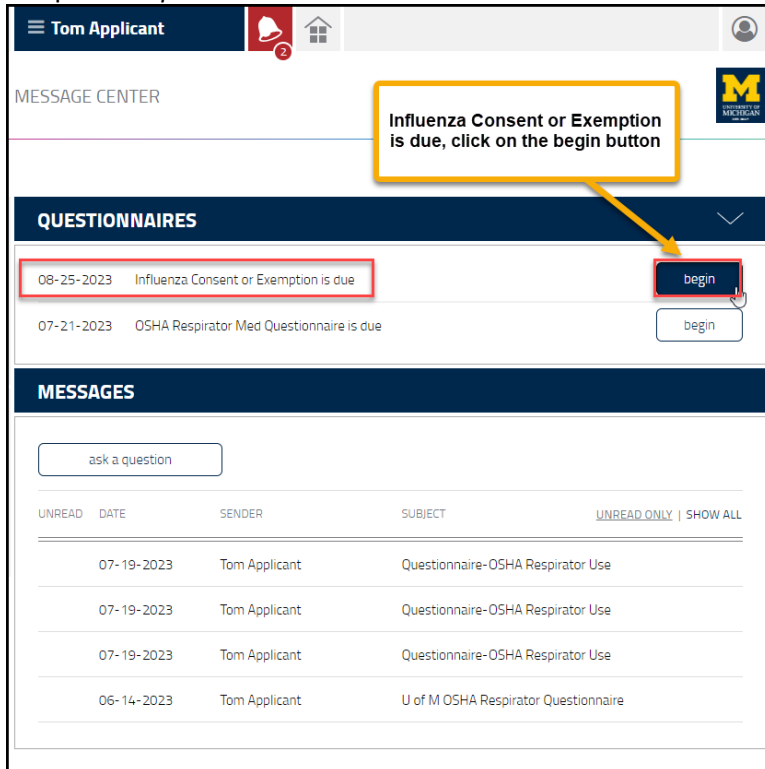
Employee Portal Main Page:

5. It will open your *Enterprise Health's Employee Portal*, **click** on the *bell icon*, it will take you to the message center to check for *Influenza questionnaire*.



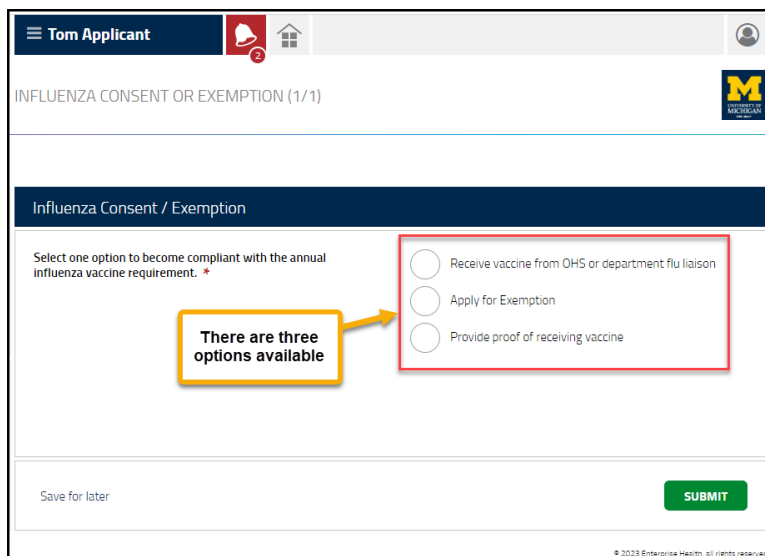
Message Center / Questionnaires:

6. In the questionnaires section an *Influenza Consent or Exemption questionnaire is due*, click on the *begin* button to open the *questionnaire*.



Influenza Consent / Exemption:

7. There are *three options* for you to choose from. **Select** one option to become compliant with the annual influenza vaccine requirement.



First Option: Receive Vaccine from OHS or Department Liaison

1. By selecting “Receive the vaccine from *OHS or department flu liaison*”. It will cascade additional questions, please answer the additional questions.
2. **Select** where you would like to *receive the vaccine*, and then *submit*.

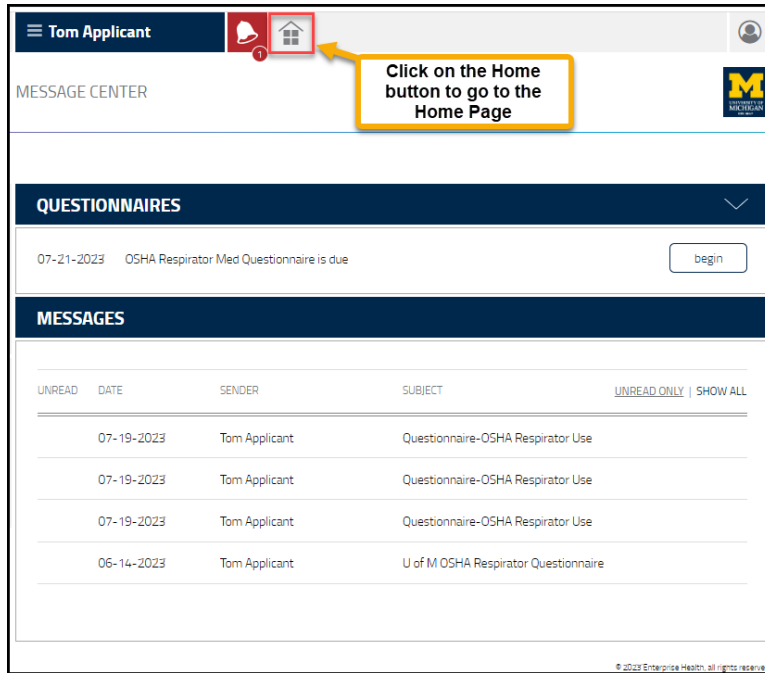
3. Once the answers are submitted successfully, a Thanks You! message will appear. Then the system will go to the messages.

After submitting, you can proceed to a walk-in OHS flu clinic, schedule an appointment in Enterprise Health to attend the South Industrial drive-through flu clinic, or proceed to a designated department flu liaison to receive the flu vaccine.

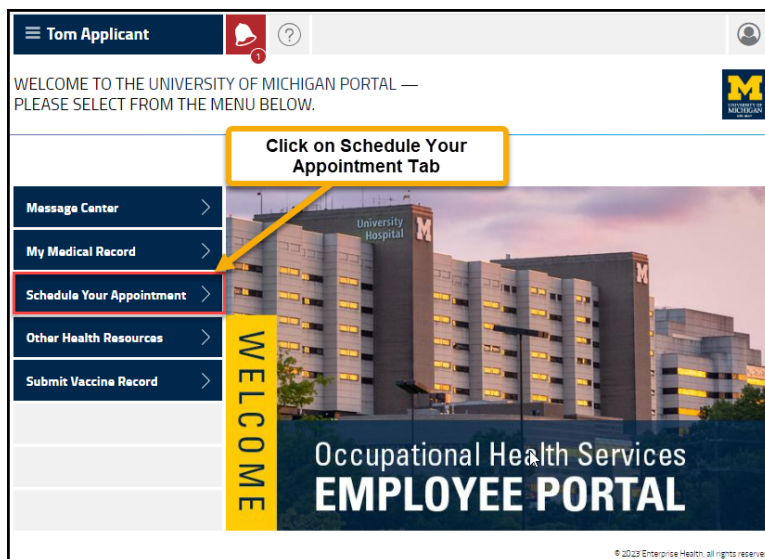
How to Schedule an Appointment at the 2705 South Industrial Drive-Through Flu Clinic:

****all other OHS flu clinics are walk-in and do not require an appointment. The steps below are intended for those seeking a drive-through flu vaccine.**

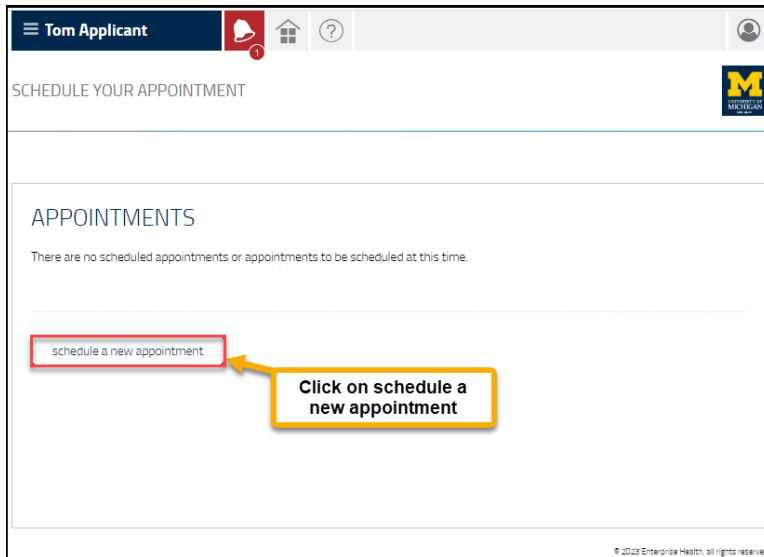
- To schedule an appointment at the drive-through flu clinic, you need to get to the “*schedule an appointment*” tab, click on the Home icon to go to the Home page.



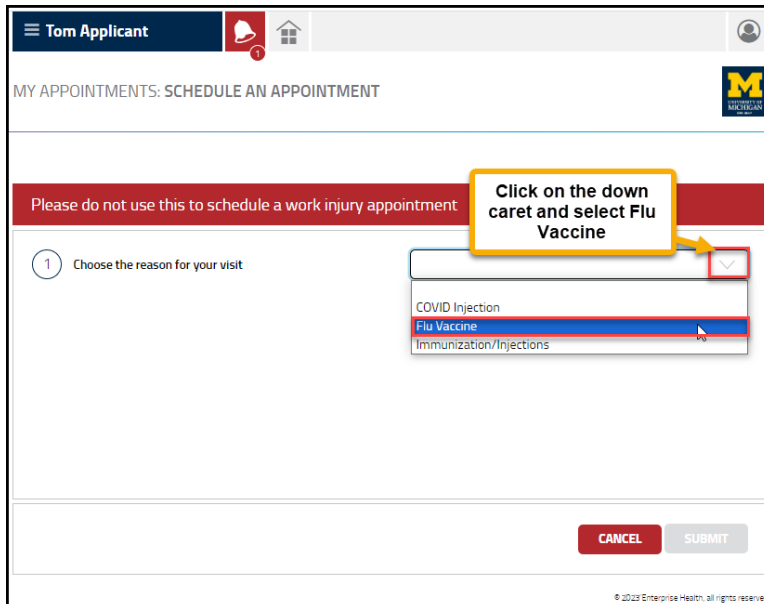
- Once on the Home page, click on the “Schedule Your Appointment” Tab.



6. Click on the *Schedule New Appointment* link.



7. Now choose the *reason for your visit* by **clicking** on the down caret and select *Flu Vaccine*.



8. After selecting the *reason for your visit*, the location is drive through at 2705 South Industrial.

Tom Applicant

MY APPOINTMENTS: SCHEDULE AN APPOINTMENT

Please do not use this to schedule a work injury appointment

1 Choose the reason for your visit: Flu Vaccine

2 Choose the location you wish to visit: 2705 South Industrial
Occupational Health Service (Main Clinic)

CANCEL SUBMIT

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9. Once you choose your location, system will *auto assign* the *first available date and time* for your flu vaccine.

Tom Applicant

MY APPOINTMENTS: SCHEDULE AN APPOINTMENT

Please do not use this to schedule a work injury appointment

1 Choose the reason for your visit: Flu Vaccine

2 Choose the location you wish to visit: 2705 South Industrial

3 Provider(s): First Available Provider

4 Appointment Date and Time: Wed 08-30-2023 07:30am (ET)

5 Comments

CANCEL SUBMIT

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How to Select Date / Time for Appointment / using the Calendar:

10. If the *first available time* is not suitable for you, **click** on the *down caret* to select the appropriate time.

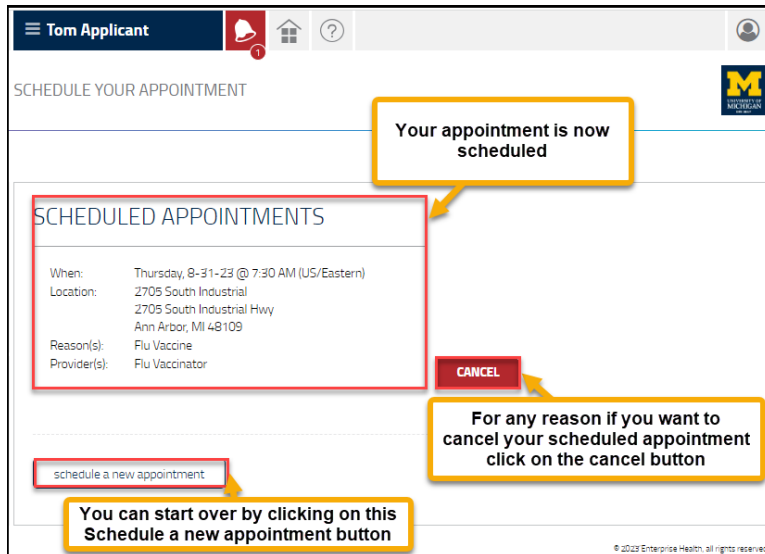
The screenshot shows the 'MY APPOINTMENTS: SCHEDULE AN APPOINTMENT' page. The 'Appointment Date and Time' field is expanded, showing a list of available time slots for Wednesday, August 30, 2023. A callout box points to the dropdown arrow with the text: 'Select any available time that is suitable for you'. Another callout box points to the calendar icon with the text: 'If you need to select a future date and time click on the calendar'.

11. If you need to select a *future date and time*, **click** on the *calendar icon*, select a date, then **click** submit.

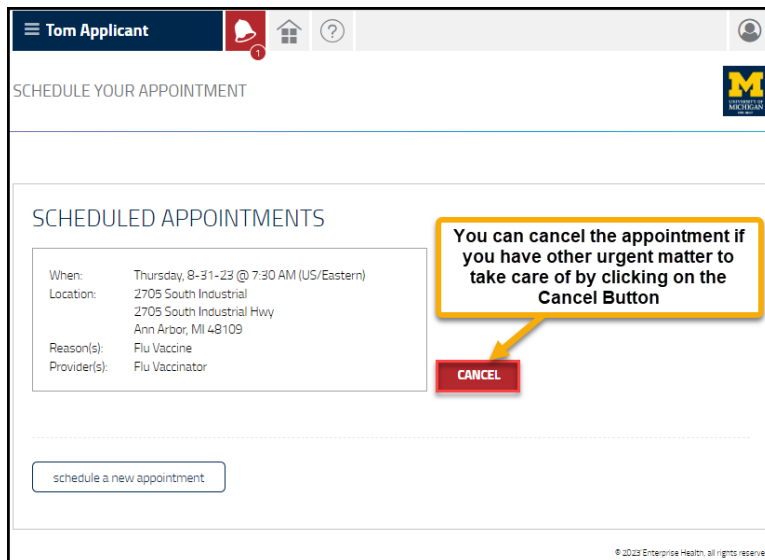
The screenshot shows the 'MY APPOINTMENTS: SCHEDULE AN APPOINTMENT' page. The 'Appointment Date and Time' field is set to 'Wed 08-30-2023 07:30am (ET)'. A callout box points to the calendar icon with the text: 'If you select another date and submit'. Below the form, there are 'CANCEL' and 'SUBMIT' buttons.

(You can select a different time on that date by repeating the step shown in step 11, before submitting)

12. Once the appointment is scheduled, a confirmation message will appear.

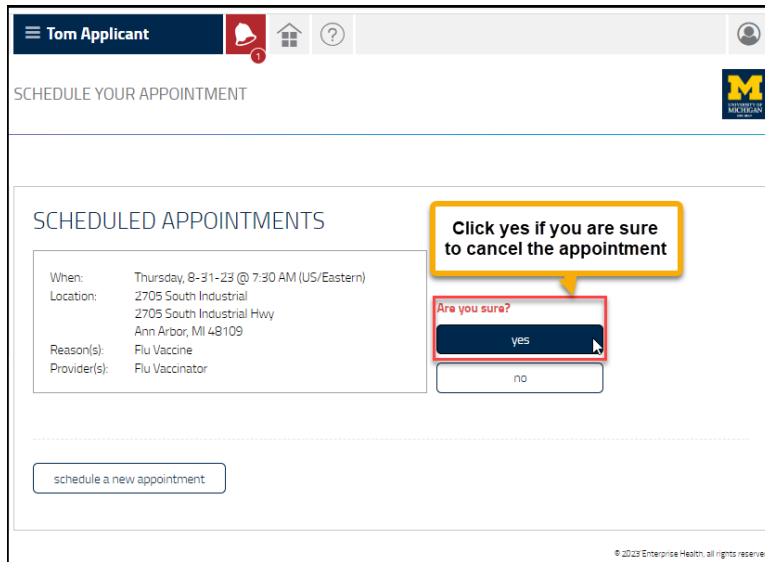


13. If for any reason, you need to cancel this appointment, click on the cancel button.

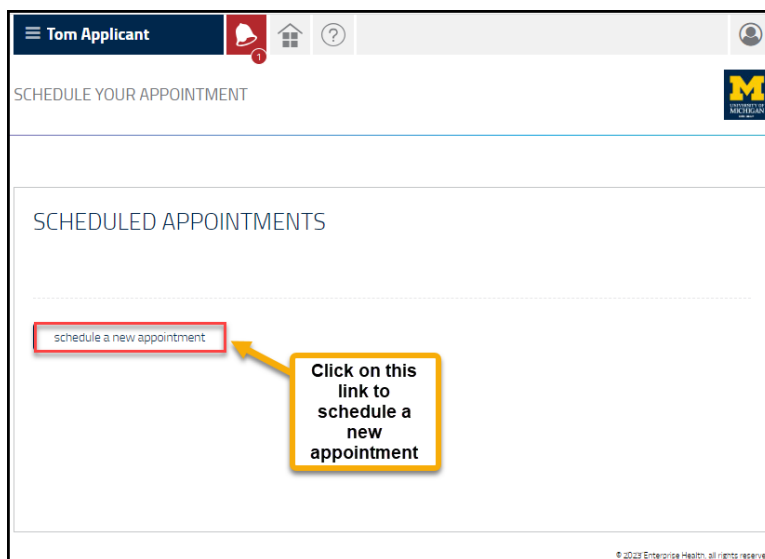


14. System will prompt to confirm if you're sure about cancelling the appointment.

15. If you are certain, **Click** on the *Yes* button.



16. Your appointment is now cancelled; you can click on the “schedule a new appointment” link to schedule a new one.



Second Option: Apply for Exemption

There are two types of Exemptions to choose from, Medical and Religious Exemption. Each exemption type has specific requirements, as you answer the questions you will be asked to submit supporting documents.

Medical Exemption:

1. If you select *Medical Exemption*, and if your *answer is yes* to the first question, then **click on Yes and Submit**.

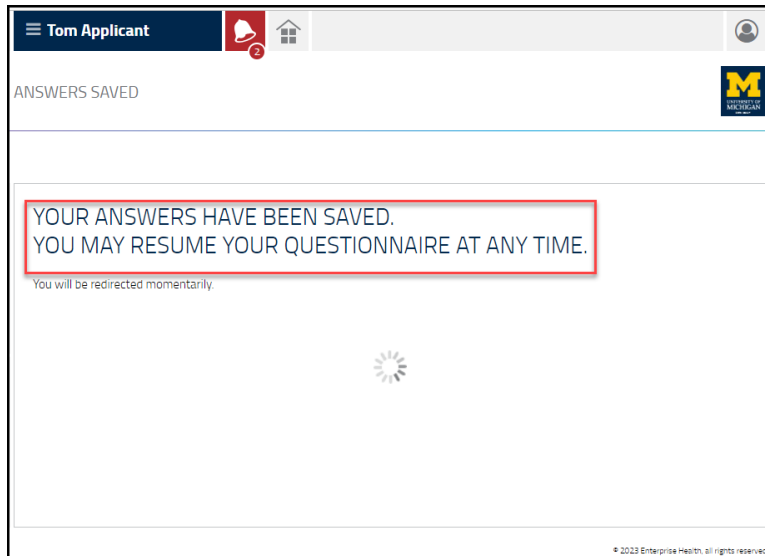
The screenshot shows the 'Influenza Consent / Exemption' form. The user has selected 'Apply for Exemption' and 'Medical Exemption'. The question 'Influenza Vaccine Auth - Were you granted a medical exemption the previous year?' has 'Yes' selected. A yellow callout box points to the 'SUBMIT' button with the text: 'If you select Medical Exemption and your answer is yes, click submit'.

How to Save for Later:

2. If the *answer is No*, then click on *save for later*, it will save your answers.

The screenshot shows the 'Influenza Consent / Exemption' form. The user has selected 'Apply for Exemption' and 'Medical Exemption'. The question 'Influenza Vaccine Auth - Were you granted a medical exemption the previous year?' has 'No' selected. A yellow callout box points to the 'Save for later' button with the text: 'Print off the blank medical exemption form and take it to your provider to have it completed and signed.' Another yellow callout box points to the 'Save for later' button with the text: 'You can use the save it later option when you're getting the Form completed and signed by your Doctor.' A red box highlights the text: '**Print off the blank medical exemption form and take to your provider to have completed. This form is available on this portal in the Other Health Resources side tab. You will need to save this form in the lower corner to come back and upload your document.' Below the form, there is a section for uploading supporting documentation and a 'SUBMIT' button.

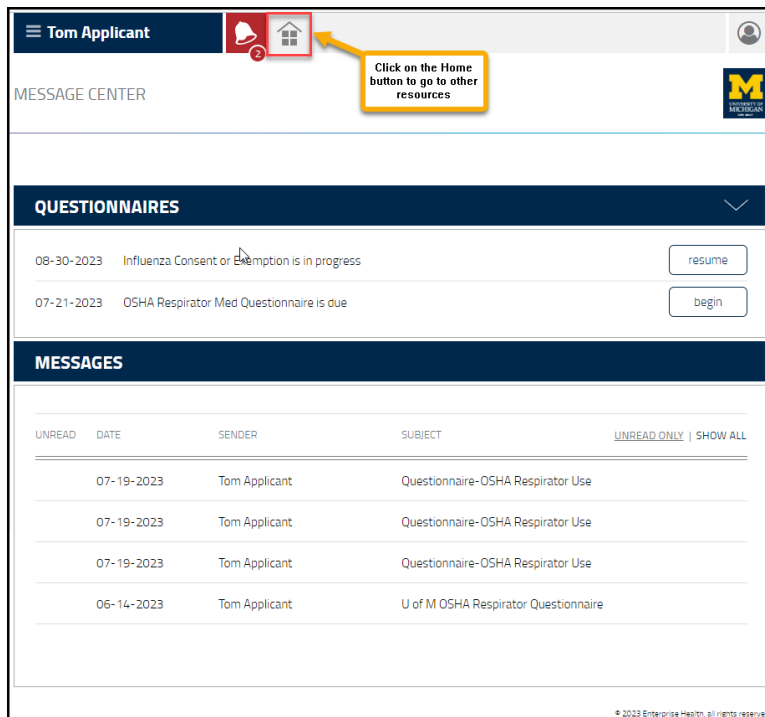
- Once you click on Save for Later Link, following message will appear.



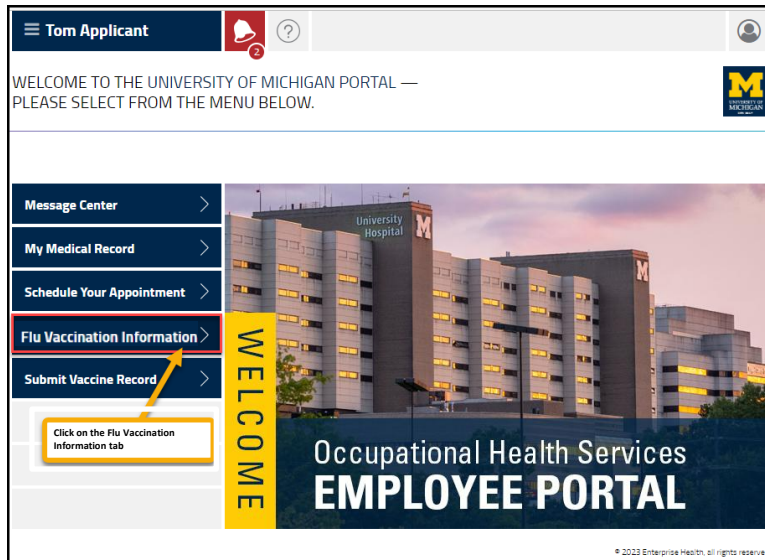
- Once system has saved your questions, it will take you back to the Message center.

How to Print a Medical Exemption Form:

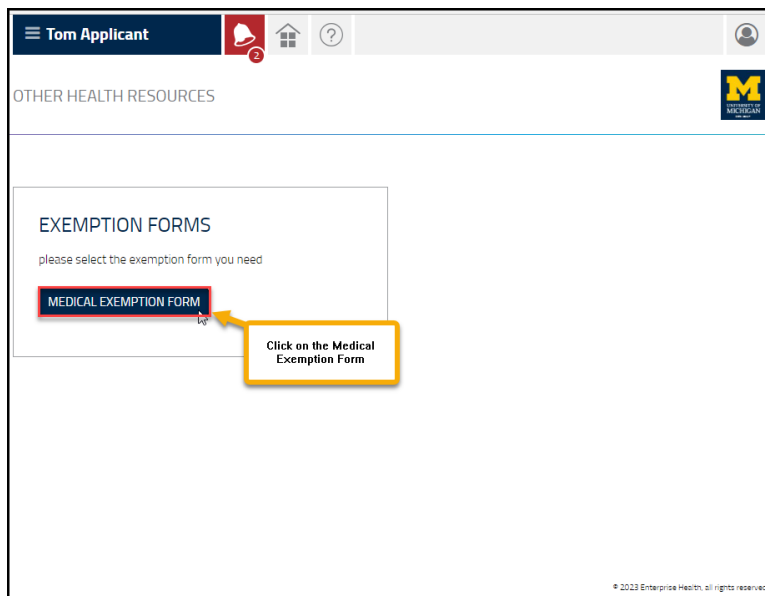
- To access the Medical Exemption form, **click** on the *Home button* to go to the home page.



6. On the home page, **click** on the *Flu Vaccination Information Tab*.



7. In the Flu Vaccination Information screen, **click** on the *MEDICAL EXEMPTION FORM* Link.



- The medical exemption form will appear, you can *print or save* the form by using the given options. Take the form to your provider for *completion and signature*.

Request for Medical Exemption from Influenza Vaccination 2023 - 2024

The University of Michigan promotes workforce diversity and an inclusive workplace for all workforce members as part of its equal employment opportunity commitments.

Please print the following information:

Date of Request: _____

Name: Tom Applicant UMID: _____

E-mail Address: _____ Phone/Pager: _____

Department: _____ Supervisor: _____

Physician Name: _____ Physician Phone: _____

Were you granted a Medical Exemption in the 2022-2023 flu season at Michigan Medicine? Yes No**

****If no, please have your physician complete the form below and upload it in your Enterprise Health Portal.**

Dear Michigan Medicine Workforce Member:

To protect patients, faculty, staff, and trainees, Michigan Medicine requires annual influenza vaccination for all workforce members. **Medical exemptions from the influenza vaccination will be approved only for individuals with a history of Guillain-Barre syndrome or other neurologic complications within 6 weeks of receiving a previous influenza vaccination.**

If you believe that you have a documented medical condition to the influenza vaccine as indicated above, please have your physician complete the remainder of this form and return it to OHS for review. You will be required to wear an approved surgical mask whenever in a UMHS clinical area for the duration of the influenza season.

Dear Physician:

Please complete the form below. If you have any questions, please contact UMHS Occupational Health Service at (734) 764-8021.

_____ should not be immunized for influenza for the following reasons (Please check all that apply):

(name of patient)

History of Guillain-Barre syndrome within 6 weeks of receiving a previous influenza vaccination. **Please provide and attach a detailed narrative summary that describes the event.**

Other neurologic complications within 6 weeks of receiving a previous influenza vaccination. **Please provide and attach a detailed narrative summary that describes the event.**

I certify that _____ has the above condition to influenza vaccination.

(name of patient)

Physician signature: _____ Date: _____

(Note: Signature stamp not acceptable)

Medical license number: _____

The form **MUST** be uploaded in your Enterprise Health Portal by November 1st to ensure review and determination by the December 1st deadline.

How to upload a Medical Exemption form:

- Once the form is *complete and ready for submission*, **log back** into the portal. **Click on the Resume button** for your *influenza questionnaire*.

Tom Applicant

MESSAGE CENTER

QUESTIONNAIRES

08-30-2023	Influenza Consent or Exemption is in progress	resume
07-21-2023	OSHA Respirator Med Questionnaire is due	begin

MESSAGES

UNREAD	DATE	SENDER	SUBJECT	UNREAD ONLY SHOW ALL
	07-19-2023	Tom Applicant	Questionnaire-OSHA Respirator Use	
	07-19-2023	Tom Applicant	Questionnaire-OSHA Respirator Use	
	07-19-2023	Tom Applicant	Questionnaire-OSHA Respirator Use	
	06-14-2023	Tom Applicant	U of M OSHA Respirator Questionnaire	

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10. Then, **click on the *choose file* option.**

Tom Applicant

INFLUENZA CONSENT OR EXEMPTION (1/1)

Influenza Consent / Exemption

Select one option to become compliant with the annual influenza vaccine requirement. *

Receive vaccine from OHS or department flu liaison

Apply for Exemption

Provide proof of receiving vaccine

What type of exemption are you requesting? *

Medical Exemption Religious Exemption

Influenza Vaccine Auth - Were you granted a medical exemption the previous year

Yes No

** Print off the blank medical exemption form and take to your provider to have completed. This form is available on this portal in the Other Health Resources side tab. You will need to save this form in the lower corner to come back and upload your document.

- To protect patients, faculty, staff, and trainees, UMHS requires annual influenza vaccination for all workforce members.
- Medical exemptions from the influenza vaccination will be approved only for individuals with a history of Guillain-Barre syndrome or other neurologic complications within 6 weeks of receiving a previous influenza vaccination.
- CDC MMWR 2014, available online

[Click here to view](#)

You must provide a supporting document to be reviewed by Occupational Health Services. You may upload your documentation below. If you do not have documentation, please either review your answers above for accuracy or click on the "home" icon of this questionnaire at the top of the questionnaire to complete at a later date.

Please upload a copy of your medical exemption documentation (PNG, PDF or JPG file only). Your influenza immunization requirement will not be complete without supporting documentation. *

Choose file

Click on the Choose File Link

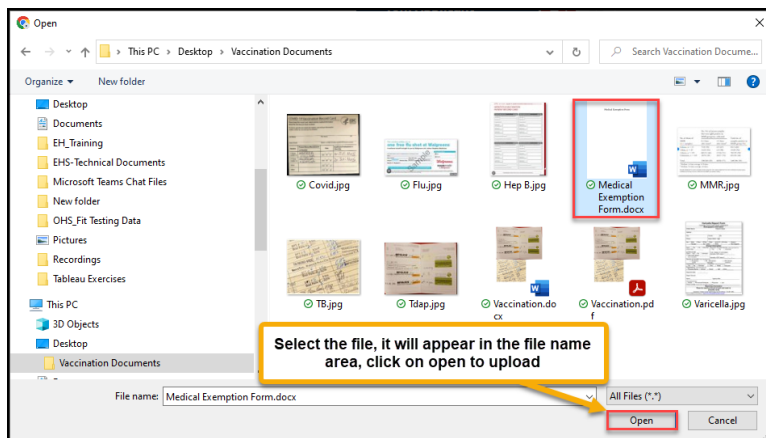
Save for later

SUBMIT

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11. It will open your *file manager* (you can browse to get to your required folder).

12. **Select your file, it will update the selected file name in the *File name field*, click on the open button.**



(only PNG, PDF or JPG file formats are acceptable)

13. It will upload the selected file, now **click** on the *Submit* button.

Tom Applicant

INFLUENZA CONSENT OR EXEMPTION (1/1)

Influenza Consent / Exemption

Select one option to become compliant with the annual influenza vaccine requirement. *

Receive vaccine from OHS or department flu liaison

Apply for Exemption

Provide proof of receiving vaccine

What type of exemption are you requesting? *

Influenza Vaccine Auth - Were you granted a medical exemption the previous year

** Print off the blank medical exemption form and take to your provider to have completed. This form is available on this portal in the Other Health Resources side tab. You will need to save this form in the lower corner to come back and upload your document.

- To protect patients, faculty, staff, and trainees, UMHS requires annual influenza vaccination for all workforce members.
- Medical exemptions from the influenza vaccination will be approved only for individuals with a history of Guillain-Barre syndrome or other neurologic complications within 6 weeks of receiving a previous influenza vaccination.
- CDC MMWR 2014, available online [Click here to view](#)

You must provide a supporting document to be reviewed by Occupational Health Services. You may upload your documentation below. If you do not have documentation, please either review your answers above for accuracy or click on the "home" icon of this questionnaire at the top of the questionnaire to complete at a later date.

Please upload a copy of your medical exemption documentation (PNG, PDF or JPG file only). Your influenza immunization requirement will not be complete without supporting documentation. *

Save for later

after selecting the file click on Submit

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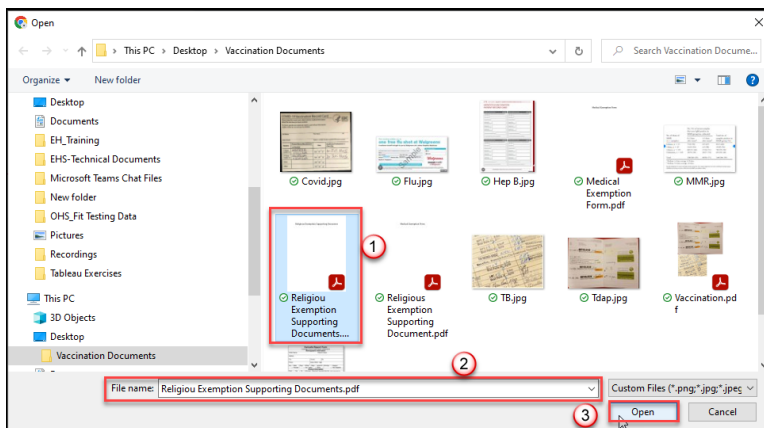
Religious Exemption:

1. If you are applying for Religious Exemption.
2. Answer the following question about if religious exemption was received the previous year.

How to upload supporting documentation for Religious Exemption:

- If you are unable to receive the influenza vaccination due to sincerely held religious beliefs and you want to request a religious exemption, then *upload supporting documents* by **clicking on Choose file link**.

- Choose file link will *open the file manager*, select your document, it will *upload the file name*, click open to upload.



(only PNG, PDF or JPG file formats are acceptable)

5. Once the file is uploaded **click** on the *Submit* button.

Tom Applicant | INFLUENZA CONSENT OR EXEMPTION (1/1)

Influenza Consent / Exemption

Select one option to become compliant with the annual influenza vaccine requirement. *

Receive vaccine from OHS or department flu liaison

Apply for Exemption

Provide proof of receiving vaccine

What type of exemption are you requesting? *

Were you granted a religious exemption the previous year

** Print off the blank medical exemption form and take to your provider to have completed. This form is available on this portal in the Other Health Resources side tab. You will need to save this form in the lower corner to come back and upload your document.

Do you work in the clinical area

Please answer this question in your own words. Statements written by other individuals, attachments of third party sources, or references to online resources are not sufficient.

Are you unable to receive the Influenza vaccination due to sincerely held religious beliefs?

Please attach any supporting documentation relevant to this request including in your own words, how your belief, observance, or practice is (1) religious, (2) sincerely held, and (3) prevents you from receiving the flu vaccine. If you have multiple documents you would like to include, please combine them in a single file to upload.

- Submit completed form online by November 1st.
- This request will be reviewed by a Religious Exemption Review Committee (RERC) consisting of representation from Infection Prevention and Epidemiology, Office of General Counsel, Office for Health Equity and Inclusion, and Spiritual Care
- You will be notified via email of the decision regarding your requested exemption.
- If you are granted a religious exemption, you will be required to wear an approved surgical mask in all patient care areas for the duration of the influenza season.

Save for later

Once the document is uploaded click on the submit button →

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Third Option: Provide Proof of Receiving Vaccine

1. If you **select** to *provide the proof of receiving vaccine*.
2. **Answer** the *following question*.

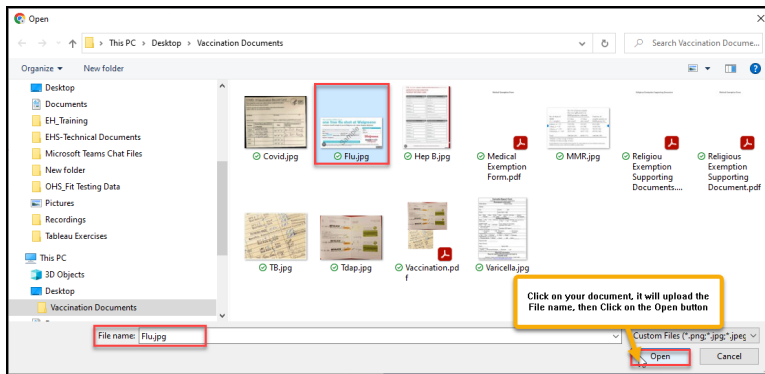
The screenshot shows the 'Influenza Consent / Exemption' form. At the top, it says 'Tom Applicant' and 'INFLUENZA CONSENT OR EXEMPTION (1/1)'. The form asks to 'Select one option to become compliant with the annual influenza vaccine requirement.' There are three radio button options: 'Receive vaccine from OHS or department flu liaison', 'Apply for Exemption', and 'Provide proof of receiving vaccine'. The third option is selected. Below this, it asks 'Was your flu vaccine received after August 1 of this year?' with 'Yes' and 'No' buttons. A yellow callout box with an arrow pointing to the 'Provide proof of receiving vaccine' option contains the text: 'If your chose the third option, answer the following question'. There are 'Save for later' and 'SUBMIT' buttons at the bottom.

How to upload proof of receiving Vaccine:

3. If your answer is **Yes**, **upload** the proof by clicking on the *Choose file* option.

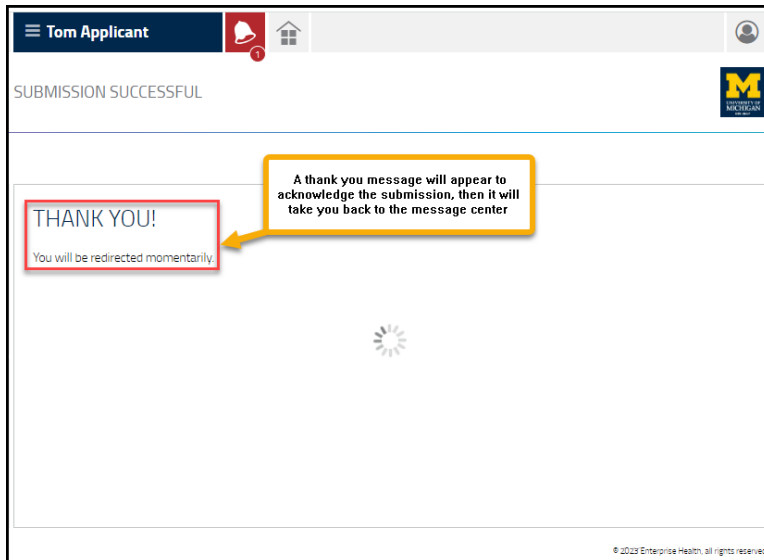
This screenshot shows the 'Supporting Documentation' section of the form. It states: 'You must provide a supporting document to be reviewed by the Occupational Health Services. You may upload your documentation below. If you do not have documentation, please either review your answers above for accuracy or click the "home" icon at the top of questionnaire to complete at a later date.' Below this, it says: 'Please upload a copy of your influenza immunization from this season (PNG, PDF or JPG file only). Your influenza immunization requirement will not be complete without supporting documentation.' There is a 'Choose file' button highlighted with a red box. Below that is a date field for 'Influenza Vaccination Date from Outside Source' with a placeholder 'mm-dd-yyyy'. A yellow callout box with an arrow pointing to the 'Choose file' button contains the text: 'Click on Choose file to upload the proof'. There are 'Save for later' and 'SUBMIT' buttons at the bottom.

- In the file manager, **click** on your *proof of flue vaccination document*, it will update the *file name*, then **click** on the *Open* button to *upload the file*.



- Once the *file is uploaded*, **Enter** the *Influenza Vaccination Date from outside source*.
- Click** on the *submit* button.

7. Click on the *submit* button.



8. If your answer is *No* to receiving the vaccination after August 1st of this year, click on *Submit* button.

