

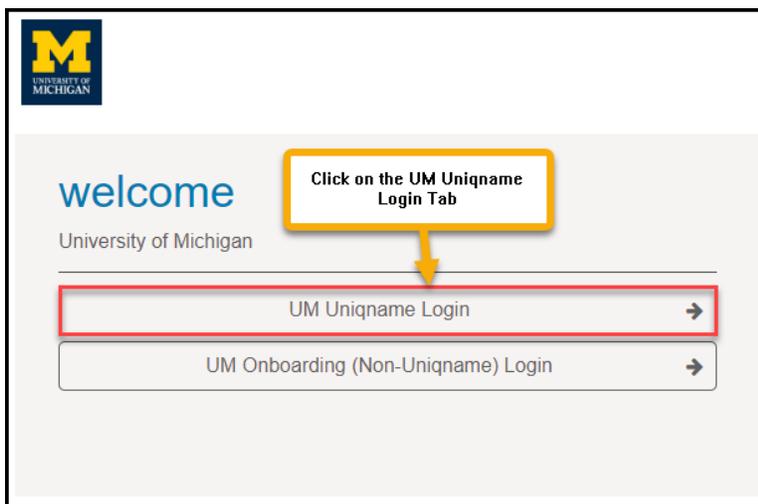
**Workforce members who receive their influenza vaccine from a non-OHS source such as a primary care provider (including Michigan Medicine), pharmacy or community resource must submit proof to Occupational Health Services using the process outlined below.**

Influenza vaccination proofs must meet the following criteria to be approved:

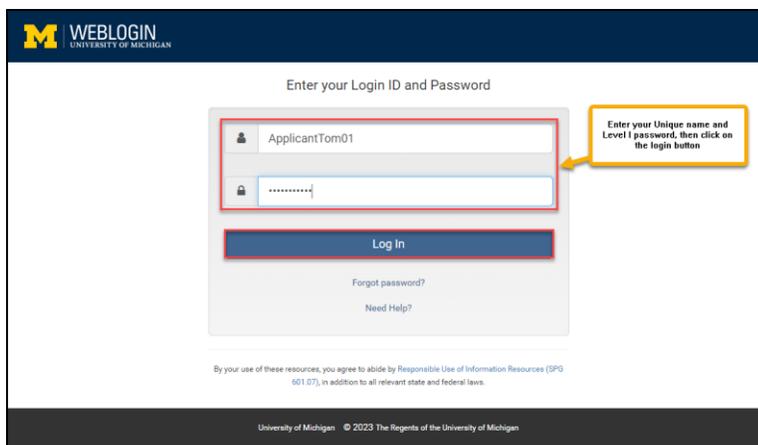
- Include your full name and date of birth.
- Indicate that it was an influenza vaccine.
- Indicate where the influenza vaccine was received.
- Include the date it was administered (must be on or after 8/1 of the current flu season)

### How to Login into Employee Portal:

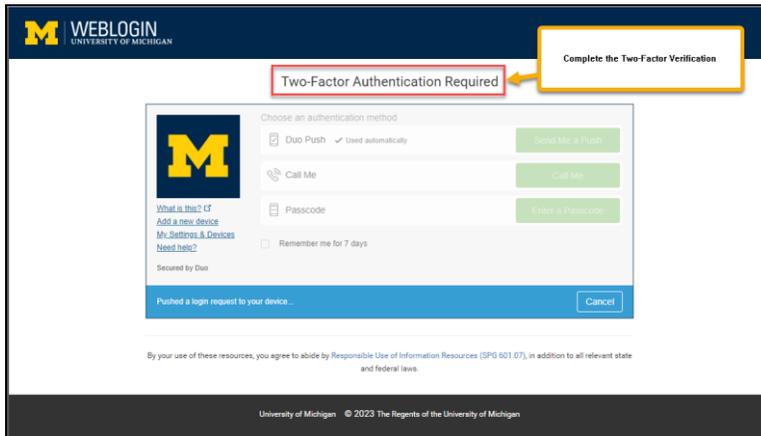
1. **Click** on this link to get to the login page for [Enterprise Health’s Employee Portal](#).
2. On the welcome screen **Click** on the *UM Uniquename Login* to open the Login Screen.



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

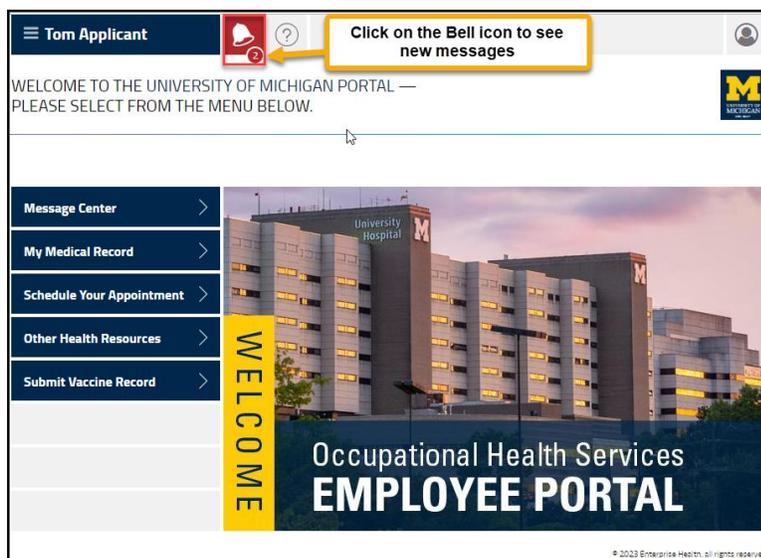


- It will take you to the Two Factor Verification screen, complete the verification.



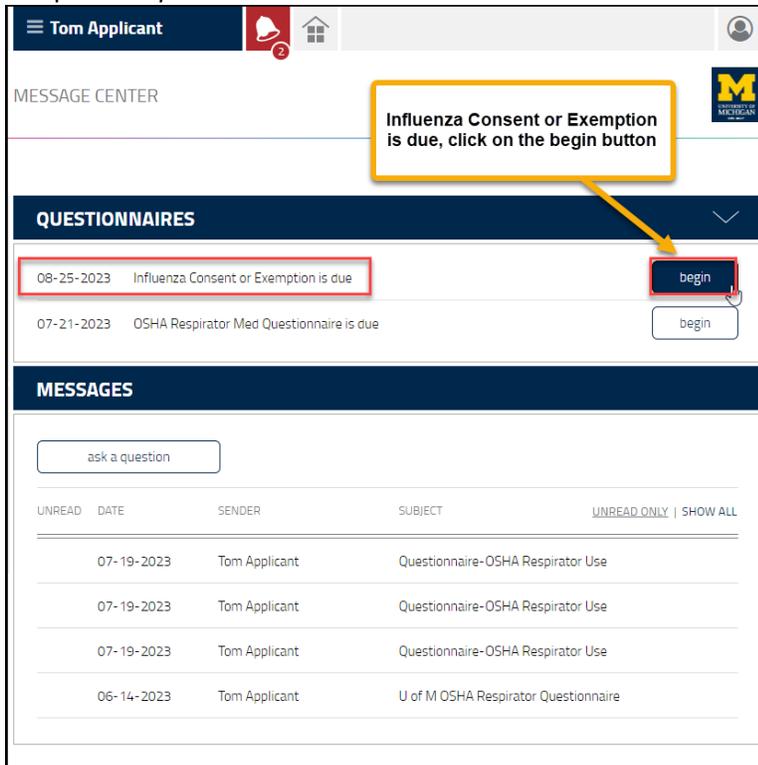
### Employee Portal Main Page:

- 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*.

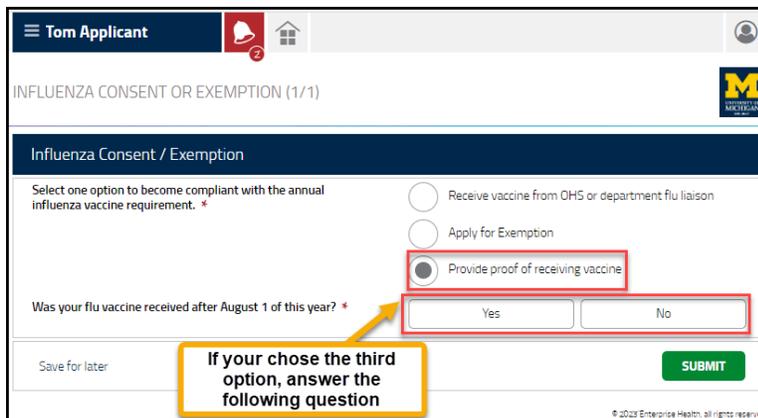


### Message Center / Questionnaires:

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



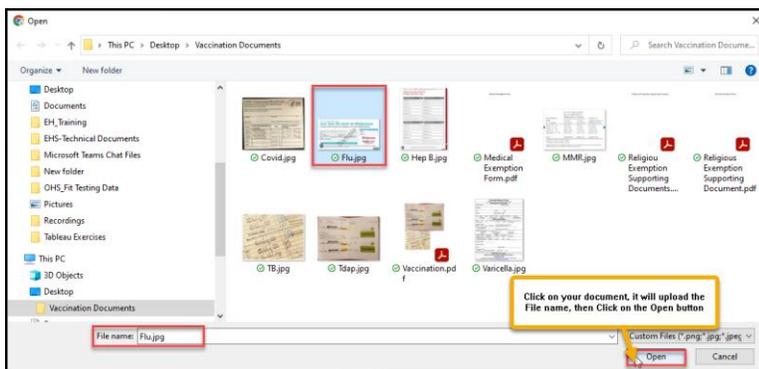
1. Select *provide proof of receiving vaccine*.
2. Answer the *following question*.



### How to upload proof of receiving Vaccine:

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

4. 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.



5. Once the *file is uploaded*, **Enter** the *Influenza Vaccination Date from outside source*.
6. **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

Was your flu vaccine received after August 1 of this year? \*

Yes No

### Supporting Documentation

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.

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. \*

Flu.jpg

Influenza Vaccination Date from Outside Source

08-15-2023

Save for later

SUBMIT

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### 7. Click on the submit button.

Tom Applicant

SUBMISSION SUCCESSFUL

THANK YOU!

You will be redirected momentarily.

A thank you message will appear to acknowledge the submission, then it will take you back to the message center

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Your flu proof will be reviewed and approved by OHS staff. Once it is reviewed, you will receive an email confirmation with the approval or denial notification. Approved flu vaccine proofs will be documented in your Enterprise Health portal where it can be viewed and printed by clicking on the My Medical Record tab.