



# GALEN STUDENT USER GUIDE:

## StudentCheck 2.0

This document provides a comprehensive user guide for the StudentCheck 2.0 student onboarding portal. It covers all aspects of the portal, including login, task management, data entry, and specific state requirements.

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## Introduction

Welcome to the Student User Guide for StudentCheck. This compliance solution has been chosen by your school and developed with you in mind! Follow this guide to complete the work quickly. If you have questions that cannot be answered by the guide, you can call us at 877-214-5496.

**Important:** These instructions contain information for orders that include background checks, drug test, and immunization tracking.

## How to Reach the Portal

Students will reach the portal by receiving an email that invites you to follow a link to the portal. This email will come from Cive.com and will reference StudentCheck.

## Student Experience: Login Screen

The same email inviting you to follow the link to the portal will contain a User Name and temporary password.

## Example Email:

### Login Information

Date Requested: 09/13/2023

Name: **Christine Law**

Dear Christine,

John Brown University is committed to providing a secure educational environment. As part of this commitment, we will be conducting a background check through our chosen vendor, Cisive. Please be assured that your information will be treated confidentially.

After you log in to the Cive site, you will need to provide required information and read and sign consent and disclosure forms. Additionally, if a drug screen is required, it must be completed within 6 months. Failure to complete all these requirements within the prescribed timeframe may result in the postponement of your school enrollment or clinical placement.

Username

**CLAW2**

Password\*

**Ku2ew7**

\*password is case sensitive and must be entered exactly as shown above

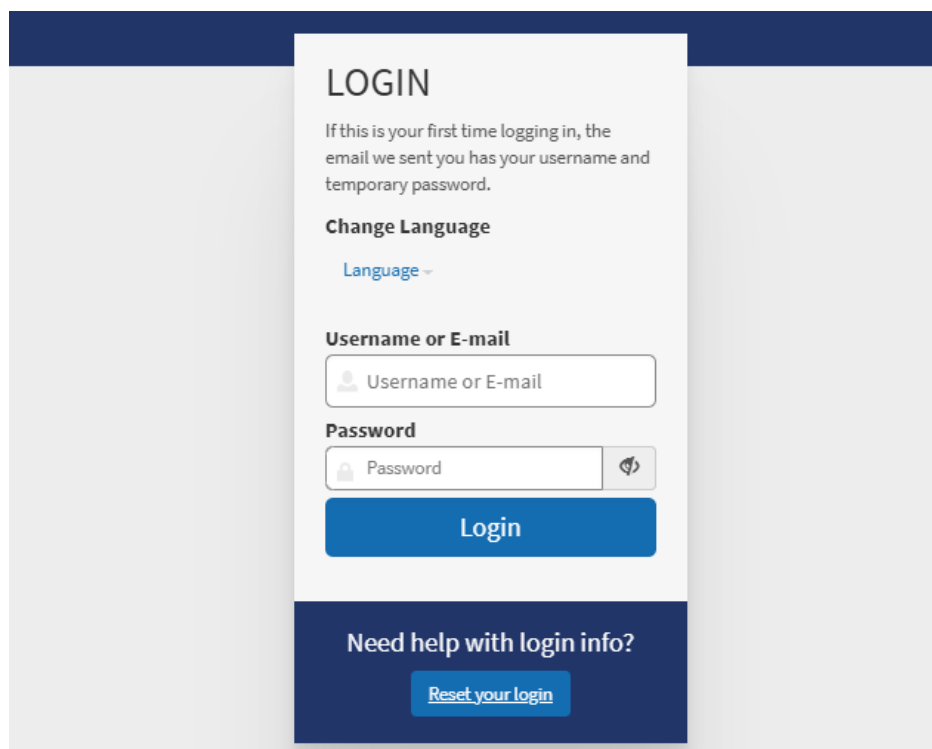
LOG IN

Upon your first login, you will be required to change the one-time password provided above to one that is known only to you.

It is very important that you complete the application forms accurately and honestly, as we will verify the information using our third-party, Cive. If you cannot finish entering all your information, you may save your work and log in at another time to complete it. You may also print your information for your records.

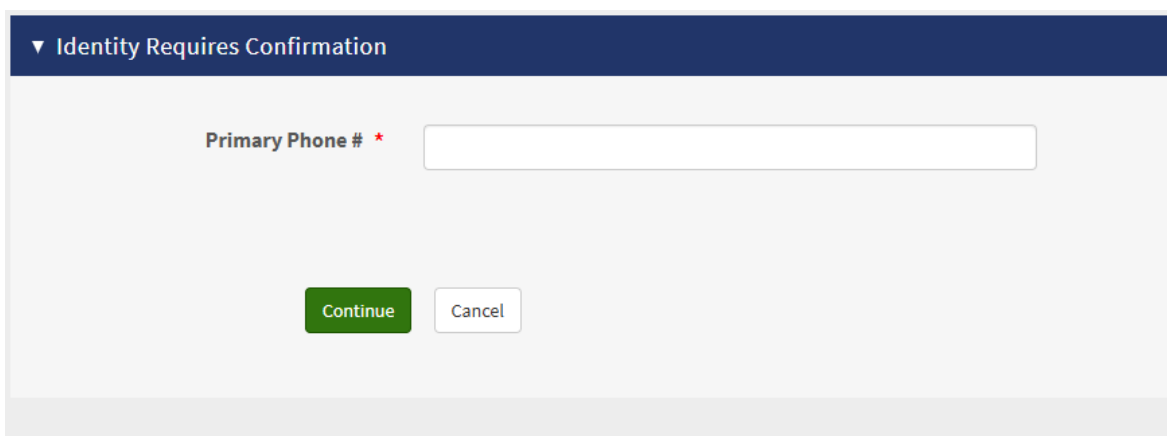
Thank You,  
John Brown University

*Log in using your Username and temporary password provided in the email.*

A screenshot of a login form. At the top, the word "LOGIN" is displayed in a large, bold, sans-serif font. Below it, a paragraph of text reads: "If this is your first time logging in, the email we sent you has your username and temporary password." Underneath this text is a link that says "Change Language". Below that is a dropdown menu labeled "Language" with a small downward arrow. The next section is titled "Username or E-mail" and contains a text input field with a user icon on the left and the placeholder text "Username or E-mail". Below this is a section titled "Password" with a text input field containing a lock icon on the left, the placeholder text "Password", and a small eye icon on the right to toggle visibility. A large blue button with the word "Login" in white text is positioned below the password field. At the bottom of the form, there is a dark blue section with the text "Need help with login info?" and a button labeled "Reset your login" in white text.

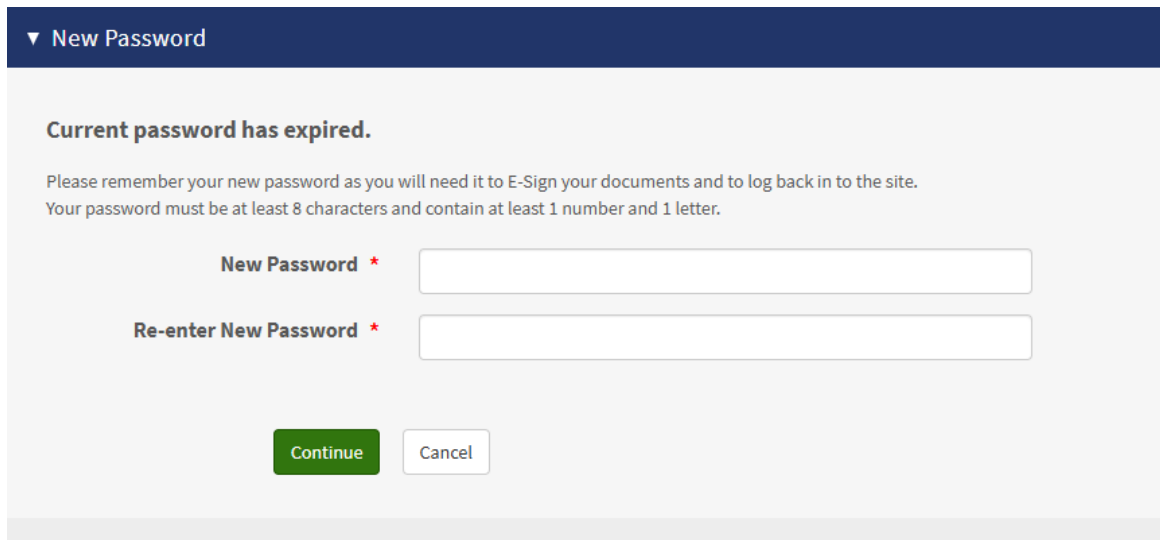
## Additional Verification

Enter the phone number used to create the account and hit continue.

A screenshot of a form titled "Identity Requires Confirmation" in a dark blue header bar. Below the header, the text "Primary Phone #" is followed by a red asterisk and a text input field. At the bottom of the form, there are two buttons: a green "Continue" button and a white "Cancel" button with a grey border.

## Set up the New Password

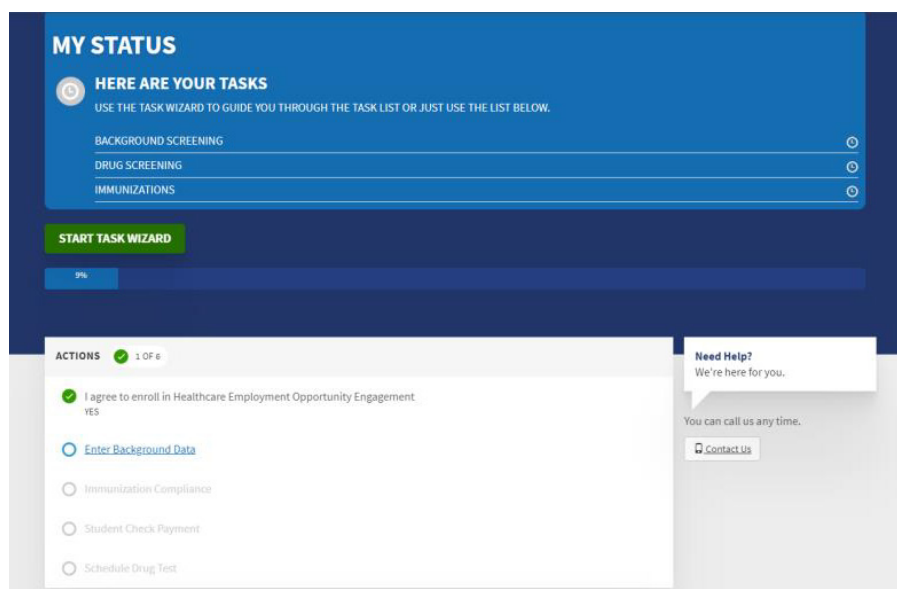
The temporary password will expire now, and you will set up a new password and select continue.



The screenshot shows a 'New Password' screen with a dark blue header. Below the header, the text 'Current password has expired.' is displayed. A message follows: 'Please remember your new password as you will need it to E-Sign your documents and to log back in to the site. Your password must be at least 8 characters and contain at least 1 number and 1 letter.' There are two input fields: 'New Password' and 'Re-enter New Password', both with red asterisks. At the bottom, there are two buttons: a green 'Continue' button and a white 'Cancel' button.

## Student Experience: My Status Screen/Task Wizard

On this screen, you will find a list of all the required tasks. Once the tasks are completed, they will show with a green tick next to them. The exception to this is the Health Requirement Compliance task as it will not show complete until 24 – 48 hours after you upload all required immunization documents. Note that this task is only for programs that order immunization tracking through StudentCheck.



The screenshot shows the 'MY STATUS' screen. At the top, there's a blue header with the title 'MY STATUS'. Below it, a section titled 'HERE ARE YOUR TASKS' includes the instruction 'USE THE TASK WIZARD TO GUIDE YOU THROUGH THE TASK LIST OR JUST USE THE LIST BELOW.' A list of tasks is shown: 'BACKGROUND SCREENING', 'DRUG SCREENING', and 'IMMUNIZATIONS', each with a circular icon to its right. Below the list is a green 'START TASK WIZARD' button. A progress bar shows '9%' completion. At the bottom, there's a white box titled 'ACTIONS' with a green checkmark and '1 OF 6'. It lists several actions: 'I agree to enroll in Healthcare Employment Opportunity Engagement' (checked), 'Enter Background Data' (selected), 'Immunization Compliance', 'Student Check Payment', and 'Schedule Drug Test'. To the right of the actions box is a 'Need Help?' section with the text 'We're here for you.' and 'You can call us any time.', followed by a 'Contact Us' button.

## Student Experience: Enter Background Data

Click on “Enter Background Data” in the task list. You will see a data entry form with multiple tabs including Basic Info, Contact Info, Names, Addresses, and Additional Info.

The screenshot shows a dashboard titled "MY STATUS" with a blue header. Below the header, there's a section "HERE ARE YOUR TASKS" with a sub-header "USE THE TASK WIZARD TO GUIDE YOU THROUGH THE TASK LIST OR JUST USE THE LIST BELOW." A list of tasks is shown: "BACKGROUND SCREENING", "DRUG SCREENING", and "IMMUNIZATIONS", each with a circular icon to its right. Below the list is a green button labeled "START TASK WIZARD". A progress bar shows "0%". On the right, there's a "Need Help?" section with the text "We're here for you." and "You can call us any time." with a "Contact Us" button. In the center, there's a white box titled "ACTIONS" with a green checkmark and "1 OF 6". It lists several actions: "I agree to enroll in Healthcare Employment Opportunity Engagement YES" (checked), "Enter Background Data" (highlighted with a yellow box and a green circle), "Immunization Compliance", "Student Check Payment", and "Schedule Drug Test".

### Basic Info

Add all the requested information on the page.

### Contact Info

Add all the requested information on the page and hit save and continue.

The screenshot shows a form titled "BASIC INFO" with a sidebar on the left containing links: "BASIC INFO", "CONTACT INFO", "NAMES", "ADDRESSES", "ADDITIONAL INFORMATION", and "REVIEW". The main form area has a blue header "CURRENT NAME" and fields for "First" (Rosie), "Middle", "Last" (madam), and "Suffix". Below this is a "GENDER" section with radio buttons for "Male", "Female", and "Other". The "DATE OF BIRTH" section has fields for "Month", "Day", and "Year". A "Save and Continue" button is at the bottom right. A red asterisk indicates required fields.





# Additional Info

Add any additional information requested by the school. This information will vary based on the school's needs. Hit save and continue.

YOUR PROGRESS

BASIC INFO

CONTACT INFO

NAMES1

ADDRESSES1

ADDITIONAL INFORMATION

REVIEW

ADDITIONAL INFORMATION

Government ID TypeUnited States - Social Security Number (SSN)

ID Number

Unable to provide this info?

Save and Continue

# Review Task

Review and edit the tasks and submit. The next task will pop up on the task wizard.

BASIC INFO

CONTACT INFO

NAMES1

ADDRESSES0

ADDITIONAL INFORMATION

REVIEW

CURRENT NAME

FirstRosie

Middle

Lastmadam

Suffix

GENDER

GenderMaleFemaleOther

DATE OF BIRTH

Date of Birth

Month

Day

Year

Save and Continue

YOUR PROGRESS

BASIC INFO

CONTACT INFO

NAMES1

ADDRESSES1

ADDITIONAL INFORMATION

REVIEW

REVIEW

Basic Info

Rosie madam

3/7/89

Contact Info

rosies9182@studentcheck.com

5307862210

Names

Nothing to report

Addresses

3733 Sarasona Way, Bonita CA

Additional Information

SUMMARY

PLEASE REVIEW EACH SECTION TO ENSURE ALL OF YOUR INFORMATION IS COMPLETE AND ACCURATE BEFORE SUBMITTING. THANK YOU!

Once you click Submit, this information can no longer be changed.

Submit

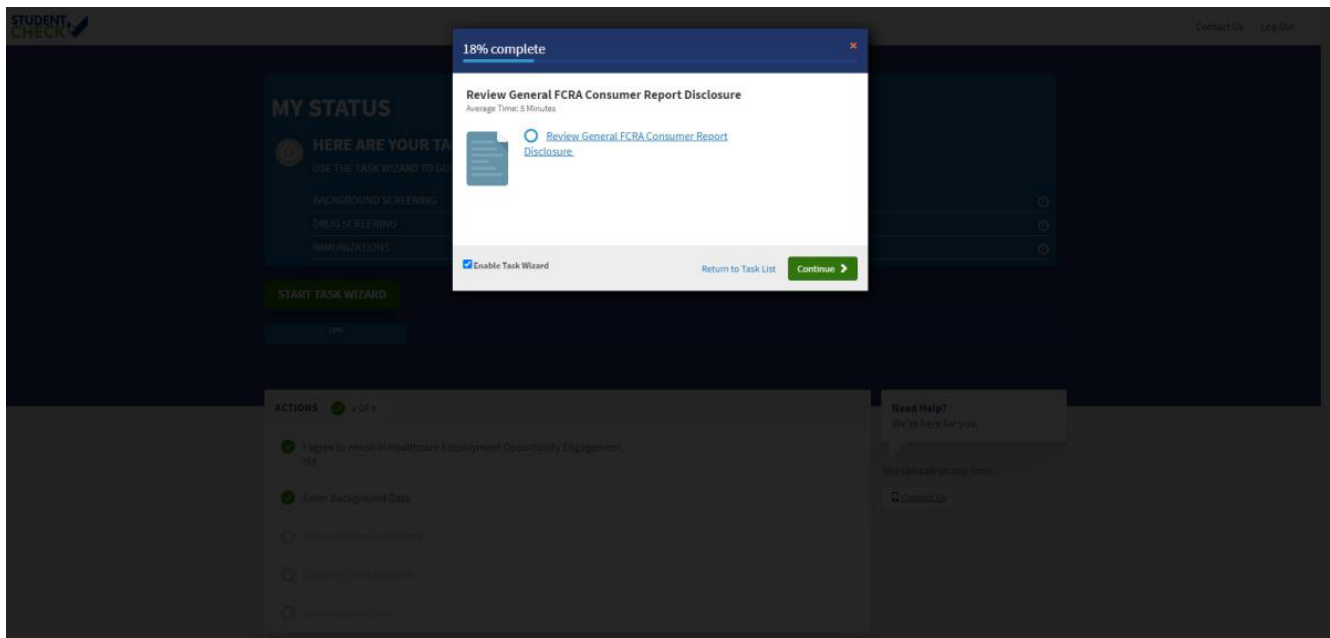
## Student Experience: FCRA Sign-Up Screens

The FCRA sign-up process includes several steps to ensure compliance with consumer reporting laws. Follow these instructions carefully to complete each step.

- General FCRA Consumer Report Disclosure
- General FCRA Investigative Consumer Report Disclosure
- Authorization
- State specific choices and notifications statements
- California specific forms
- If you are under the age of 18, see the last section of the document for the Minor Consent Process

### Review General FCRA Consumer Report Disclosure

After completing the previous task, the task wizard will display the next task in a popup. Click "Continue" on the popup to proceed. You will be presented with the General FCRA Consumer Report Disclosure. It is crucial to read this disclosure carefully as it contains important information about your rights under the Fair Credit Reporting Act. Once you have read the disclosure, click "Continue" to move forward.



[Contact Us](#)

[Submit](#)
[Save My Work](#)
[Check For Errors](#)
[Return To Task List](#)

## General FCRA Consumer Report Disclosure

\* indicates required field.

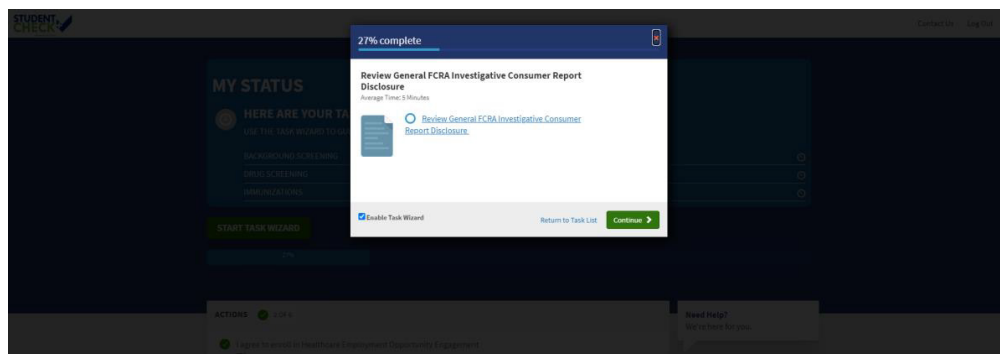
### FCRA Consumer Report Disclosures

In connection with your relationship with John Brown University, we may procure consumer reports about you for enrollment purposes or placement in a clinical or healthcare related program. **DISCLAIMER:** This document is intended for informational purposes only and is not intended as legal advice. Csisve recommends that you consult with an attorney to review this document to ensure your compliance with applicable law related to background screening and consumer notices and disclosures.

[Submit](#)
[Save My Work](#)
[Check For Errors](#)
[Return To Task List](#)

## Review FCRA Investigative Consumer Report Disclosure

Upon completing the previous step, you will see the General FCRA Investigative Consumer Report Disclosure. Like the previous disclosure, it is essential to thoroughly read and understand this document. This disclosure provides additional information about the investigative consumer report. After reading, click "Continue" on the popup to proceed to the next step.



[Contact Us](#)

[Submit](#)
[Save My Work](#)
[Check For Errors](#)
[Return To Task List](#)

## General FCRA Investigative Consumer Report Disclosure

\* indicates required field.

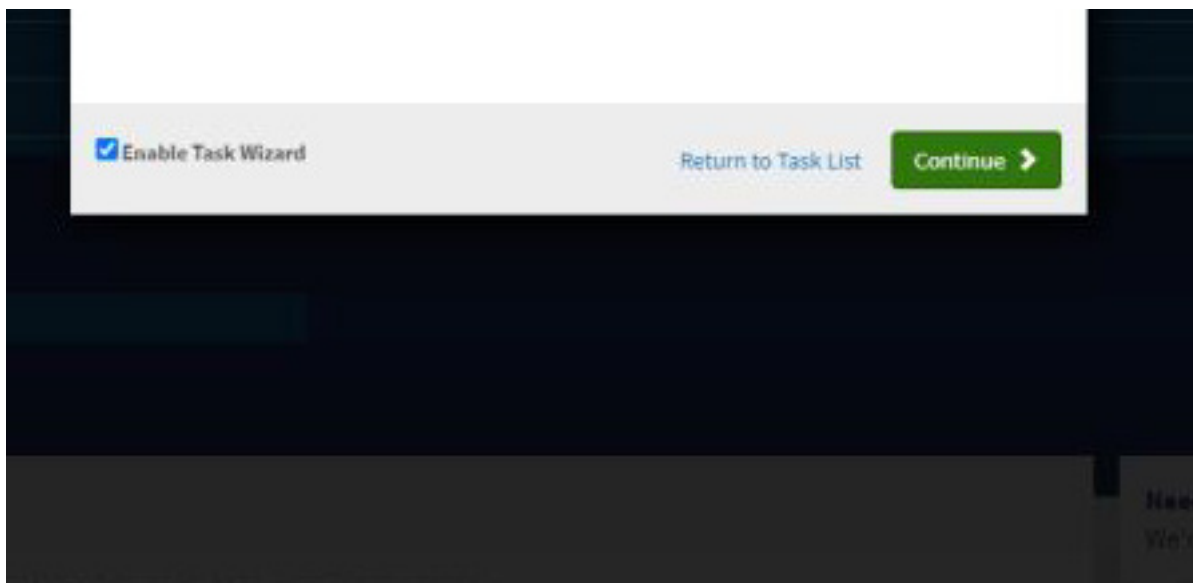
### FCRA Investigative Consumer Report Disclosures

In connection with your application for enrollment and/or your ongoing enrollment at John Brown University (the "School"), or placement in a clinical or healthcare related program, we may obtain "investigative consumer report(s)" that include information as to your character, general reputation, personal characteristics, and mode of living, whichever are applicable. If the School obtains an investigative consumer report, you have the right to request disclosure of the nature and scope of the report which may involve personal interviews with sources such as your neighbors, friends, or associates. Upon your written request to the School, you are entitled to receive additional disclosures regarding the nature and scope of the investigation and a summary of your rights under the Fair Credit Reporting Act (FCRA). You may also obtain a summary of your rights under the FCRA at <https://www.csisve.com/legal-pages/summary-of-rights-en> **DISCLAIMER:** This document is intended for informational purposes only and is not intended as legal advice. Csisve recommends that you consult with an attorney to review this document to ensure your compliance with applicable law related to background screening and consumer notices and disclosures.

[Submit](#)
[Save My Work](#)
[Check For Errors](#)
[Return To Task List](#)

## Authorization

Next, you will be required to authorize the background check. Click on “View and Sign” to open the Background Check Authorization form. On the form page, you will see a prompt to “Click here to sign.” Clicking this will render the form for your e-signature. Follow the instructions to sign the form electronically. After signing, click “Submit”



You will then be asked to enter your profile password. This step ensures the security of your authorization. After entering your password, click “Submit” to finalize this step.

### AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents.

In connection with my application for enrollment and/or acceptance or placement in a clinical or healthcare related program at [John Brown University](#) (“the School”), I hereby authorize and direct the School and/or any health care facility where I may be placed, either itself or through a third party consumer reporting agency, to obtain information about my background including investigation of criminal records, other public record information about me, my education and employment history, and any other consumer reports or background check reports. I understand this authorization will be valid until my affiliation with the School program ends, or I withdraw my authorization by contacting the School in writing. Furthermore, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by CARCO Group, Inc. also known as Cisive, 5000 Corporate Court, Suite 203, Holtsville, New York 11742, a consumer reporting agency; telephone number 1-877-214-5496; website, [www.cisive.com](http://www.cisive.com) or the School and/or a healthcare facility where I may be placed.

By signing below, I acknowledge that I have read, I understand, and I agree to the above authorization.

[Click here to sign](#)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

[Rosie madam](#)  
\_\_\_\_\_  
Printed Name

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Add your profile password and click “Submit”

The screenshot shows a 'Submit Signature' modal window. At the top, it says 'Submit Signature' with a close button. Below that, a text box contains the statement: 'By submitting my signature, I, Rosie madam, certify that I have read, understood, and agree to the terms of this document.' A blue ink signature 'Rosie' is visible. Below the signature is a 'Password:' label and an empty text input field. At the bottom of the modal are two buttons: 'Submit' (in green) and 'Cancel'.

## State specific choices and notifications statement

The State Specific FCRA Notices form provides necessary disclosures and rights specific to residents of various states, such as California, Minnesota, and Oklahoma. As a user, you must review the relevant sections based on your state of residence. You have the option to save your progress and return later or check for any errors. When you are ready to proceed, click “Submit” to finalize the form

The screenshot shows the 'STUDENT CHECK' website interface. A modal window titled '36% complete' is open, displaying the 'Complete State-specific Choices and Notifications Statement' form. The modal includes a progress bar at 36%, the title, and a sub-header 'Average Time: 5 Minutes'. Below this is a list of tasks: 'Complete State-specific Choices and Notifications Statement' (marked with a blue circle and a checkmark) and 'Enable Task Wizard' (marked with a blue circle and a checkmark). At the bottom of the modal are two buttons: 'Return to Task List' and 'Continue' (in green). The background shows the 'MY STATUS' section with a list of tasks: 'BACKGROUND SCREENING', 'CREDIT SCREENING', 'IMMUNIZATIONS', and 'START TASK WIZARD'. The 'ACTIONS' section shows a list of tasks: 'I agree to enroll in Healthcare Employment Opportunity Engagement', 'Enter Background Data', 'Provide Social Security Number', 'Complete Social Security', and 'Provide Health Insurance'.

## State Specific FCRA Notices

\* Indicates required field.

### State-Specific Information:

**California** - If you are a California resident applying for employment at a location in the State of California, in addition to this notice, please review and complete the California Disclosure Concerning Investigative Consumer Reports Obtained for "Employment Purposes" and the "California Acknowledgment and Authorization".

#### Minnesota



If you are a Minnesota resident applying for employment at a location within the State of Minnesota, you have a right to obtain a copy of the consumer report by checking this box.

#### Oklahoma



If you are a Oklahoma resident applying for employment at a location within the State of Oklahoma, you have a right to obtain a copy of the consumer report by checking this box.

#### Additional Notices Required by State Law (If applicable):

**Maryland** - If you are a Maryland resident applying for employment at a location within the State of Maryland, you have the right to request additional disclosures from the Bureau regarding the nature and the scope of the requested investigation.

**Massachusetts** - If you are a Massachusetts resident applying for employment at a location within the State of Massachusetts, you have the right to request a copy of the investigative consumer report from the consumer reporting agency. The requested investigation as you will cover information as to your character, general reputation, personal characteristics, and mode of living, whichever are applicable. The consumer report obtained as part of this application for employment may contain public record information that is reported to John Jay University.

**Minnesota** - If you are a Minnesota resident applying for employment at a location within the State of Minnesota, you have the right to request additional disclosures from the consumer reporting agency regarding the nature and scope of the consumer report.

**New Jersey** - If you are a New Jersey resident applying for employment at a location within the State of New Jersey, you have the right to request a copy of the report from the consumer reporting agency. The requested investigation as you will cover information as to your character, general reputation, personal characteristics, and mode of living, whichever are applicable.

**New York** - If you are a New York resident applying for employment at a location within the State of New York, you have the right to send a written request to the Bureau for information on whether an investigative consumer report was requested, and if such report was requested, the name and address of the consumer reporting agency to whom the request was made.

**Rhode Island** - If you are a Rhode Island resident applying for employment at a location within the State of Rhode Island, the Bureau may request a credit report from a consumer reporting agency in connection with your application.

**Washington** - If you are a Washington resident applying for employment at a location within the State of Washington, you have the right to request from the Bureau additional disclosures of the nature and scope of the investigation requested and a written summary of consumer rights prepared under the laws of the State of Washington.

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Full Name

Rashia Wadum

Present Address/ Street Address

8700 Sansome Way

Apartment No.

—

City

San Jose

State/Province

CA

Zip/Postal Code

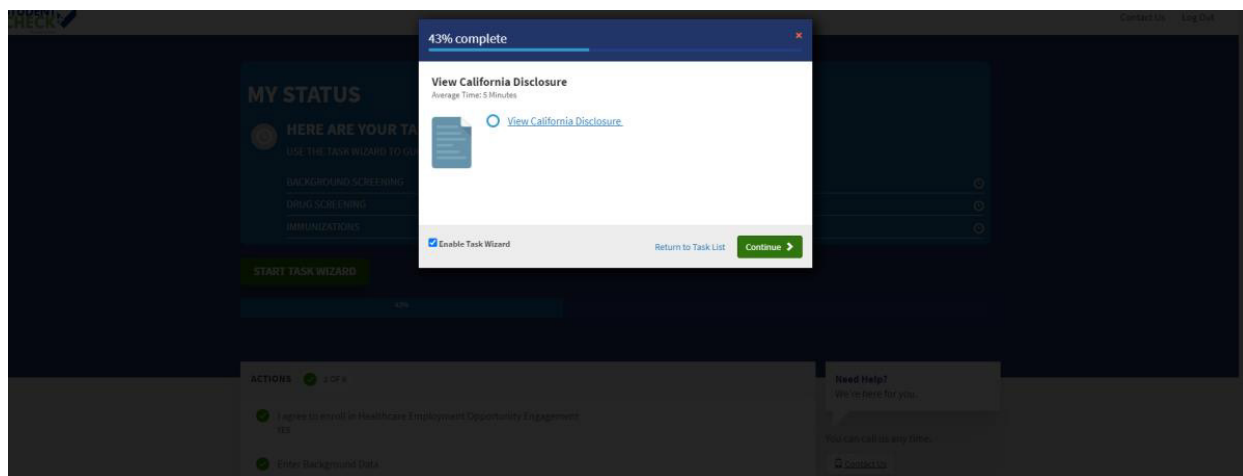
95133

Country

United States

## View California Disclosure (only valid for California Residents)

This form is specific to residents of California and provides additional disclosures required by state law. If you are not a resident of California, this form will not appear. For California residents, click to download the form and view it as a PDF. Ensure you read through this document carefully.



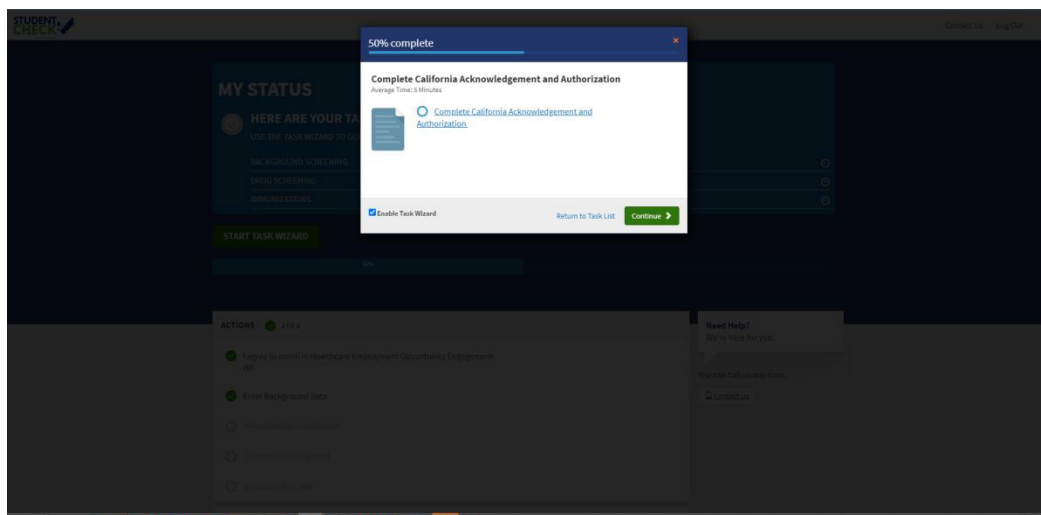
Form-



California FCRA.PDF

## View California Acknowledgement and Authorization

For California residents, an additional step is required. You will need to acknowledge and authorize the form specific to California. Mark the box to request a copy of the reports and click "Submit." This action will render a form for your e-signature. Sign the form electronically. You will see the progress of this task at the top of the screen, and you have the option to print the form for your records. If you have previously used a signature, you can reuse it by entering your profile password and clicking "Submit."



[Submit](#) [Save My Work](#) [Check For Errors](#) [Return To Task List](#)

### StudentCheck CA Authorization

\* Indicates required field.

Name of Applicant (Print)  
Rosie Madam

California law requires that you check the following box to indicate your desire to receive a copy of the report.

☒ Please forward to my attention at the following address a copy of the report.

Address  
3733 Sarasona Way

Address Line 2  
—

City  
Bonita

State/Province  
CA

Zip/Postal Code  
91902

Country  
United States

[Submit](#) [Save My Work](#) [Check For Errors](#) [Return To Task List](#)



YOUR PROGRESS

57%

CLOSE

Task #8 Sign document StudentCheck CA Authorization (Page 1/1)

PRINT

Your signature is required on page# 1

NOTE: Once you e-sign this document you will NOT be able to edit it again!

If you see any errors close this window and return to the Task List.

California Applicants—Investigative Consumer Report Acknowledgment and Authorization

By signing the Authorization to Obtain Consumer Reports, I authorize John Brown University (the "School") to obtain investigative consumer report(s) about me.

This is to confirm that I have read, and hereby acknowledge receipt of, the information set forth California Disclosure Concerning Investigative Consumer Reports concerning my rights under the laws of California.

If you would like to receive a copy of a copy of any investigative consumer report the School obtains about you, please check the following box to indicate your desire to receive a copy of the report.

☐ Please forward to my attention at the following address a copy of the investigative consumer report.

Street: 3733 Sarasona Way

City, State, Zip: Benita, CA 91902 CA 91902

Click here to sign

07/05/2024

Applicant's Signature

Today's Date

Rosie Madam

Applicant's Name Printed

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Next Page

Enter Your Password

Password

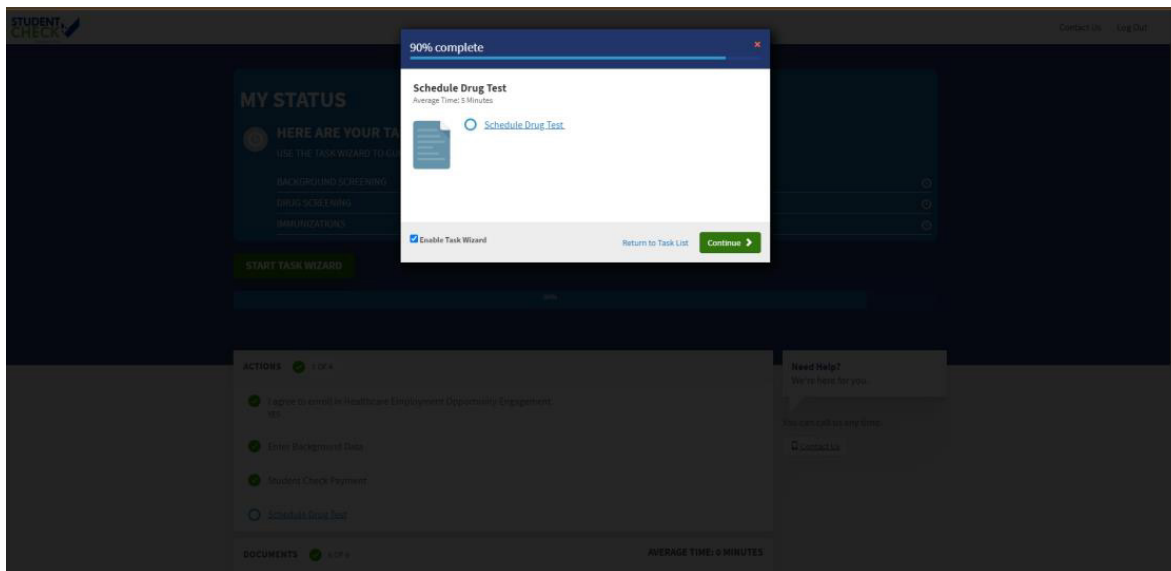
Submit

Or Redo Signature

16

## Student Experience: Drug Scheduling Screens

After completing the disclosure and authorization forms , you can schedule your drug screening. Confirmation and PDF generation screens will follow. On the task popup, you will see an option to “Schedule Drug Test.” Click on the link or “Continue” to start the scheduling process.



## Selecting a drug testing location

You will be redirected to a screen that displays various locations for drug test centers near your address. You can search for locations by entering your address details or adjusting the filter options for city, state, zip code, and distance. Once the locations are displayed, you can select a suitable location by clicking on “Select Location.”

Locations by Address

Find a location near you.

Address: 51 Park Ln S City: Menands State: New York Zip Code: 12204 Distance: 20 Miles Search

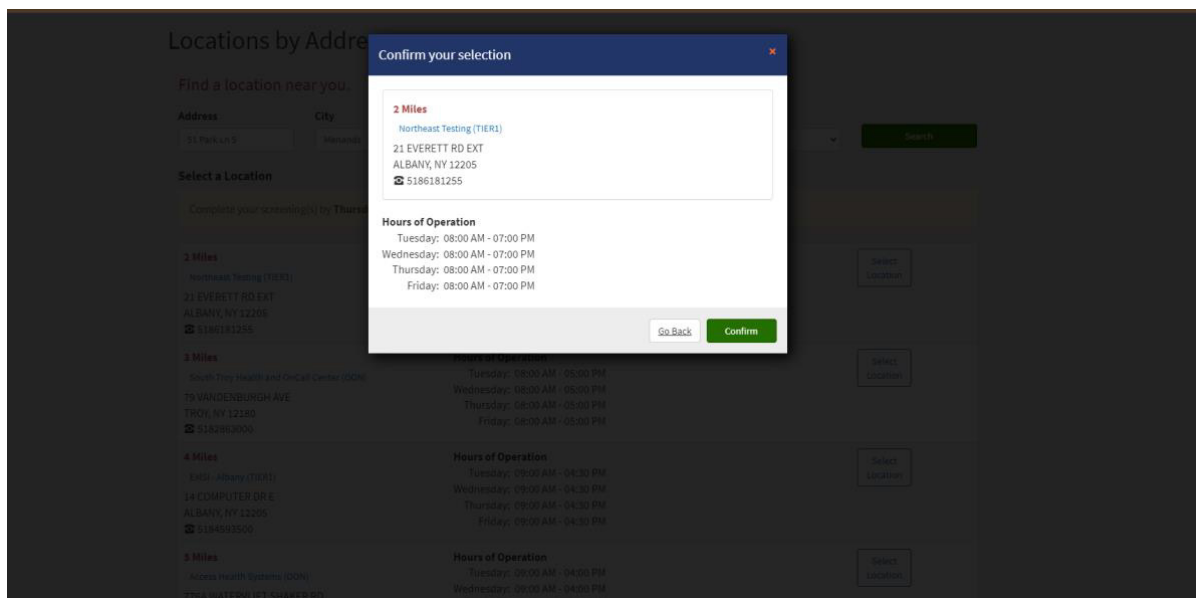
Select a Location

Complete your screening(s) by Thursday, Jul 11, 2024

<b>2 Miles</b> Northeast Testing (TIER1) 21 EVERETT RD EXT ALBANY, NY 12205 ☎ 5186181255	<b>Hours of Operation</b> Tuesday: 08:00 AM - 07:00 PM Wednesday: 08:00 AM - 07:00 PM Thursday: 08:00 AM - 07:00 PM Friday: 08:00 AM - 07:00 PM	Select Location
<b>3 Miles</b> South Troy Health and OnCall Center (OON) 79 VANDENBURGH AVE TROY, NY 12180 ☎ 5182863000	<b>Hours of Operation</b> Tuesday: 08:00 AM - 05:00 PM Wednesday: 08:00 AM - 05:00 PM Thursday: 08:00 AM - 05:00 PM Friday: 08:00 AM - 05:00 PM	Select Location
<b>4 Miles</b> EMSI - Albany (TIER1) 14 COMPUTER DR E ALBANY, NY 12205 ☎ 5184593500	<b>Hours of Operation</b> Tuesday: 09:00 AM - 04:30 PM Wednesday: 09:00 AM - 04:30 PM Thursday: 09:00 AM - 04:30 PM Friday: 09:00 AM - 04:30 PM	Select Location
<b>5 Miles</b> Access Health Systems (OON) 776A WATERVLIET SHAKER RD LATHAM, NY 12110 ☎ 5187822200	<b>Hours of Operation</b> Tuesday: 09:00 AM - 04:00 PM Wednesday: 09:00 AM - 04:00 PM Thursday: 09:00 AM - 04:00 PM Friday: 09:00 AM - 04:00 PM	Select Location

## Confirming your selection

After selecting a location, a confirmation screen will appear showing the details of the selected location, including the address and hours of operation. Review the information and click "Confirm" to finalize your selection. If you need to change the location, you can click "Go Back" to choose a different one.



## Confirmation: Generating E-passport PDF

After confirmation, the system will generate a PDF with your appointment details, and you will receive a confirmation notification. You can then continue with the remaining tasks in your onboarding process.

NOTE: You will need to show your E-passport at the collection site when you take your drug test. Be sure to have it available either on your phone or print a copy.

## Immunization

### View Health Requirement Document

The Health Requirement Document contains critical information specific to your program. When you are offered the option to view it, select CONTINUE and the option to download the document will appear. Download and carefully review this document as it provides a list of the items you must submit to meet the health requirements.

# Health Requirement Compliance

When this task is presented, select CONTINUE and the system will take you into the Sentry MD / StudentCheck portal. You will land on your Health requirement portal that details each item and your compliance status.

ProfileDocumentsForms To SignActivitySign Out

Vector Portal - vportal@demo.com

Program Demo Group

Member Number 1

DOS 01-09-2020

Mobile Number

Download PDF

Health Requirements

Compliance

Status	Requirement	Date
Not Compliant	Confidentiality Agreement	Sign Here (no state on file)
Not Compliant	Handbook Student Acknowledgement Page	Sign Here (no state on file)
In Progress	Measles II	Vaccine 1 : 01-01-2024 Vaccine 2 : 09-02-2024 HSA4D Titer : 04-01-2023 (negative) Exempt until 2024-02-28 Note: MeasII #1 due by 02/02/25
Compliant	* Release Authorization	On File Effective 11-11-2024
Compliant	American Heart Association BLS CPM	On File Effective 09-09-2024 - 09-31-2028
Compliant	Background Check	On File Effective 10-01-2024
Compliant	COVID-19	Flare Continuity 1 : 01-01-2021 Flare Continuity 2 : 01-01-2021 Shedlet 1 : 10-10-2022
Compliant	Drug Screen	On File Effective 10-10-2024
Compliant	Health Insurance Card	On File
Compliant	Influenza	Fu Shed : 10-01-2022 Exempt Note: Egg Allergy
Compliant	MMII	Measles Titer : 04-01-2023 (positive) Mumps Titer : 04-01-2023 (positive) Rubella Titer : 04-01-2023 (positive)
Compliant	Tdap	Tdap : 10-10-2022
Compliant	Tuberculosis	Quantiferon Gold : 10-10-2024 (negative)
Compliant	Vaccines	Titer : 04-01-2023 (positive)

Toggle to the DOCUMENT Tab, click CHOOSE FILE and then select from the list which document you are uploading, you can select multiple tags if your document contains multiple requirements from the list. Click Upload file

ProfileDocumentsForms To SignActivitySign Out

Vector Portal - vportal@demo.com

Program Demo Group

Member Number 1

DOS 01-09-2020

Mobile Number

Upload Document

Choose File

MyG5 Doc1 - Jan Form.pdf

☐ \* Release Authorization

☐ American Heart Association BLS CPM

☐ Background Check

☐ Confidentiality Agreement

☐ COVID-19

☐ Drug Screen

☐ Handbook Student Acknowledgement Page

☐ Health Insurance Card

☐ Measles II

☐ Influenza

☐ Mumps

☐ Tdap

☐ Tuberculosis

☐ Vaccines

Upload File

Documents

Document	Uploaded	Uploaded By	Status	Content
	01-01-2025	Member	Processed	Handbook Student Acknowledgement Page
	11-11-2024	Member	Processed	Confidentiality Agreement
	11-11-2024	Member	Processed	* Release Authorization
	11-09-2024	Member	Processed	Handbook Student Acknowledgement Page
	11-09-2024	Member	Processed	* Release Authorization

**Note:** You may upload all your documents at once or as you have them available. Regardless, you should aim to upload all the required documents as soon as possible. All documents will be processed within 24 to 48 business hours. You will receive a confirmation notice once your documents have completed processing. Until all your documents are uploaded and deemed COMPLIANT, this task will stay open.

The screenshot displays a user interface for tracking health requirement tasks. At the top, a blue header contains the title 'MY STATUS'. Below it, a list shows 'BACKGROUND SCREENING', 'DRUG SCREENING', and 'IMMUNIZATIONS', each with a circular status icon. The main section, titled 'Here are your tasks', includes a subtext 'Use the Task Wizard to guide you through the task list or just use the list below.' and a green 'Start Task Wizard' button. A progress bar indicates 91% completion. A white 'ACTIONS' panel on the left lists eight items, with the fifth item, 'Health Requirement Compliance', highlighted by a blue arrow. To the right, a 'Need Help?' section offers support with a 'Contact Us' button.

**MY STATUS**

- BACKGROUND SCREENING
- DRUG SCREENING
- IMMUNIZATIONS

**Here are your tasks**  
Use the Task Wizard to guide you through the task list or just use the list below.

**Start Task Wizard**

91%

**ACTIONS** 6 OF 8

- I agree to enroll in Healthcare Employment Opportunity Engagement  
YES
- Enter Background Data
- Schedule Drug Test  
SCHEDULED: New Event
- Review ePassport (AI102839032S9)
- Health Requirement Compliance**
- Health Review Enrollment  
Complete
- View Health Requirement Document

**Need Help?**  
We're here for you.  
You can call us any time.  
[Contact Us](#)

## Reminder Notification Cadence

Students will receive reminder notifications on a set schedule determined by the institution for items expiring or currently out of compliance.