Entering a flu vaccination received outside of an RRH flu vaccination clinic or Employee Health Office

Please use the entry form for declination; this way, you can indicate that you decline to receive the flu vaccination from an RRH flu clinic or from the Employee Health Office because you already were vaccinated elsewhere. Follow these steps:

- 1. Access WorkReady's Enterprise Health employee portal:
 - a. Open the RRH Intranet.
 - b. Click on the WorkReady's **Enterprise Health Tile** on the upper right hand side of the home screen.



c. Click **Continue** on the next screen.



- d. Or <u>Click Here</u> to access the portal directly.
- e. Click on the top Login option and use your RRH username and password.

WORKREADY

l a e	In an effort to retain the confidentiality of information, you have been automatically signed off. This occurs when there is no browser activity for an extended period of time.	A
F	Welcome Rochester Regional Health	
	RRH ADFS Login	
	Other Login	J

2. Select Message Center.

WELCOME TO THE WORKREADY EMPLOYEE HEALTH PATIENT PORTAL – WORKREADY EMPLOYEE HEALTH PATIENT PORTAL – WORKREADY



3. Select additional forms.

MESSAGES	MESSAGES				
additional form	ıs				
UNREAD DATE	SENDER	SUBJECT	UNREAD ONLY SHOW ALL		

4. Next to Influenza Declination Form select begin.

ADDITIONAL FORMS	
COVID Booster Consent	begin
COVID Booster Status	begin
Employee Photo Upload	begin
Immunization Record	begin
Influenza Declination Form	begin
Provider Medical Certification Form Upload	begin
Request for Reasonable Accommodation Form – Medical	begin
Temporary Accommodations	begin

5. Select "Yes" that you have read influenza education. This should have been supplied to you where you received your vaccination.

INFLUENZA VACCINATION DECLINATION REASON				
l have read and understand the Influenza education: *	Yes No			
Select Vaccination Declination Type: *	Already had flu vaccination this season			
	I have been advised by my physician not to receive the vaccine due to an allergy or medical condition; therefore I have a Medical Waiver.			
	I am concerned about potential side-effects or safety of the vaccine			
	My philosophical beliefs prohibit vaccination			
	I dislike needles or shots			
	I believe I will get the flu if I get the vaccine			
	I believe the vaccine is not effective			
	I choose not to answer			

6. If you have already received the vaccine:

- a. Select the option "Already had flu vaccine this season."
- b. Enter the date of the vaccination.
- c. Upload a picture showing the vaccination.

INFLUENZA VACCINATION DECLINATION REASON				
l have read and understand the Influenza education: *	Yes No			
elect Vaccination Declination Type: *	Already had flu vaccination this season			
	vaccine due to an allergy or medical condition; therefore I have a Medical Waiver.			
	I am concerned about potential side-effects or safety of the vaccine			
	My philosophical beliefs prohibit vaccination			
	I dislike needles or shots			
	I believe I will get the flu if I get the vaccine			
	I believe the vaccine is not effective			
	I choose not to answer			
Date Vaccinated: *	mm - dd - yyyy			
Please upload proof of your flu vaccine (PNG, PDF, or JPG files only) ${\rm *}$	Choose file			

7. Select "I decline the vaccine" and then select Submit.

a. You are declining getting the flu vaccination at one of the RRH flu vaccination clinics or in an Employee Health Office—not the actual flu vaccination.

DECLINATION CONFIRMATION		
I acknowledge that I am aware of the following facts: Influenza is a serious respiratory disease that kills thousands of people in the United States each year. Influenza vaccination is recommended for me and all other healthcare workers to protect this facility's patients from influenza, its complications and death. If I contract Influenza, I can spread the virus for 24 hours before influenza symptoms appear. I understand that unvaccinated MDS members and team members will be required to wear a mask in patient care areas during flu season. Knowing these facts: *	I decline the vaccine	
Save for later Cancel		SUBMIT

- 8. After a few seconds you will be directed back to the main Portal page.
 - a. To Sign Out, click on your name and select **Sign Out** at the bottom of the menu.



WELCOME TO THE WORKREADY EMPLOYEE HEALTH PATIENT PORTAL — PLEASE SELECT FROM THE MENU BELOW.



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