Log in to the portal using your RRH provided student username and password you will be directed to the page below. Select message center.

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

**WORKREADY**

Message Center  >

My Appointments  >

Failed Daily Pass/Symptomatic  >

COVID Test Results/RTW Guide  >

Medical Exemption Test Results  >

Annual Health Review  >

Respirator Fit  >

Other Health Resources  >

Then select the additional forms tab.

**MESSAGES**

additional forms

UNREAD     DATE          SENDER               SUBJECT                          UNREAD ONLY | SHOW ALL

You will then be brought to a page to add your booster status select COVID Booster Status

**ADDITIONAL FORMS**

| | |
|---|---|
| COVID Booster Status | begin |
| Immunization Record | begin |
| Influenza Vaccination Authorization Form | begin |
| Influenza Vaccination Exemption Request | begin |

You will choose yes if you are wishing to input your COVID booster

**COVID Booster Status**

| Have you received your COVID Booster? | Yes | No |
|---|---|---|

You will need to scroll to the bottom and you will see add an immunization. Select that link.

ADD AN IMMUNIZATION

| COVID Booster Vaccination Documentation (File type of JPG, PNG, or PDF) | Choose file |
|---|---|

Save for later  |  Cancel                                **SUBMIT**

You will then be instructed to input you booster information. All COVID immunization start with the word COVID, select the appropriate vaccination for the booster you received and the date which you received it. You will then select save.

ADD AN IMMUNIZATION

*Required Field

| Immunization | Date of immunization |
|---|---|
| Comments | |

                                                **CANCEL**  **SAVE**

| COVID Booster Vaccination Documentation (File type of JPG, PNG, or PDF) | Choose file |
|---|---|

You will then be asked to upload a picture/ file with proof of your immunization select the paper icon and upload your file. Then select submit, to submit proof of booster.

ADD AN IMMUNIZATION

*Required Field

| Immunization | Date of immunization 🗓 |

| Comments |

CANCEL    SAVE

COVID Booster Vaccination Documentation (File type of JPG, PNG, or PDF)    Choose file    📄

Save for later  |  Cancel                                    SUBMIT