

UAF Student Health and Counseling Patient Portal Instructions

Go to <u>https://uafchc.uaf.ed</u>uand login in using UA student id# and password.

IAF Student Heal	th and Counseling Web Po	ortal, 907-474-7043 fx: 907-474	-5777 email: uaf-sh-cc@alaski	a.edu	
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UD#.					
vord.					

On the second page you will enter your daftbirth.

The next page will be the home page with information about immunizations required. The left hand menu will allow you to enter your health information, update your personal information and at the bottom you can view your immunization record and upload immunization documents, consent for release, consent for treatment and insurance card information.

Profile	
Health History	You last logged in: 7/16/2020 8:55 AM (@ Log Out
Appointments Groups/Workshops	Welcome to your UAP Student Health and Counseling Patient Portal. This portal provides safe, secure and confidential patient access to specific information. When you are uploading documents, please be sure your name, student idlf and date of birth are written at the top of each page.
Referrals	If you have immunization records to upload, you can do that under the immunization upload area. (To live in campus housing, you will need proof of 2 MMRs, a tetanus in the last 10 years and a PPD in the last year.)
Handouts	If you want to check your immunization reason was a set of the set
Messages 2741 28	
Letters	You can also check out the outreaches available at various sites around campus the sum of unseine Center is providing. If you have any questions, please feel free to contact us at \$97-474-7643.
Survey Forms Immunizations	[Version: 12:11.4746] [Connection Service: 12:11.0.4746]
Immunication Upload	
te Log Out	

In the health history, you can update health information.

Health History	You last reviewed your health history on:						
Groups/Workshops	Allergies						
Referrais	The Item You Are Allergic To	type of Reacting 1 a					
Handouts	sulpha drugs. Reaction: rash, trouble breathi	sulpha drugs. Reaction: rash. trouble breathing (Submitted)					
Messages 3 Voread	NO KNOWN DRUG ALLERGY	NO KINOWN DRUG ALLERGY					
Letters							
Survey Forms	Medications						
immunill ^e ons	Name of Medication	Dosage and Directions					
Immunization Upload	AMOXICILLIN-POT CLAVULANATE	675-125 MG TABS TAKE ONE TABLET TWICE DAILY FOR 10 DAYS. LOT #19045-014 EXP. 07/31/2020 X INDEF # 20					
Section Put	SUMATRIPTAN SUCCINATE	50 MG TABLET TAKE 1-2 TABLETS AT ONSET OF HEADACHE. MAY REPEAT EVERY 2 HOURS AS NEEDED. MAX 200 MG (4 TABLETS) IN 24 HOURS. LOT #15125-017 EXP 09/2016 X INDEF # 9 TABLETS					

Upload immunizations and other documents.

Profile	Before you get started, please be sure you have provided a current email address, current address and current phone number in your profile information. To live in campus housing, you must provide documentation of 2							
Heatth History	MMX (measies, mumps, rubelia) vaccines, a totanus vaccine within the last 10 years, and a TB (tub) Center? Please upload immunization record as noted below, OR scan and email to uaf sh cc@alaska eou, uk tax to tub? 474-5777, Uk man to subdent Hearn and Lounseing Lenter, PU Box 700000, Partoanos, Ak 99775-5500. Please make sure there is a name and date of birth on each page hear and							
Appointments								
Groups/Workshops	We accept the following file types: PNG,	JPG, JPEG, GIF.						
Roterrais	Add immunization record			Add immunization form				
Handouts	Acknowledged							
Messages 3 linvend	$\mathbf{\lambda}$							
Letters								
Survey Forms	Save	Cartol						
Immunizations								
immunization Upload								
@ Log Out								