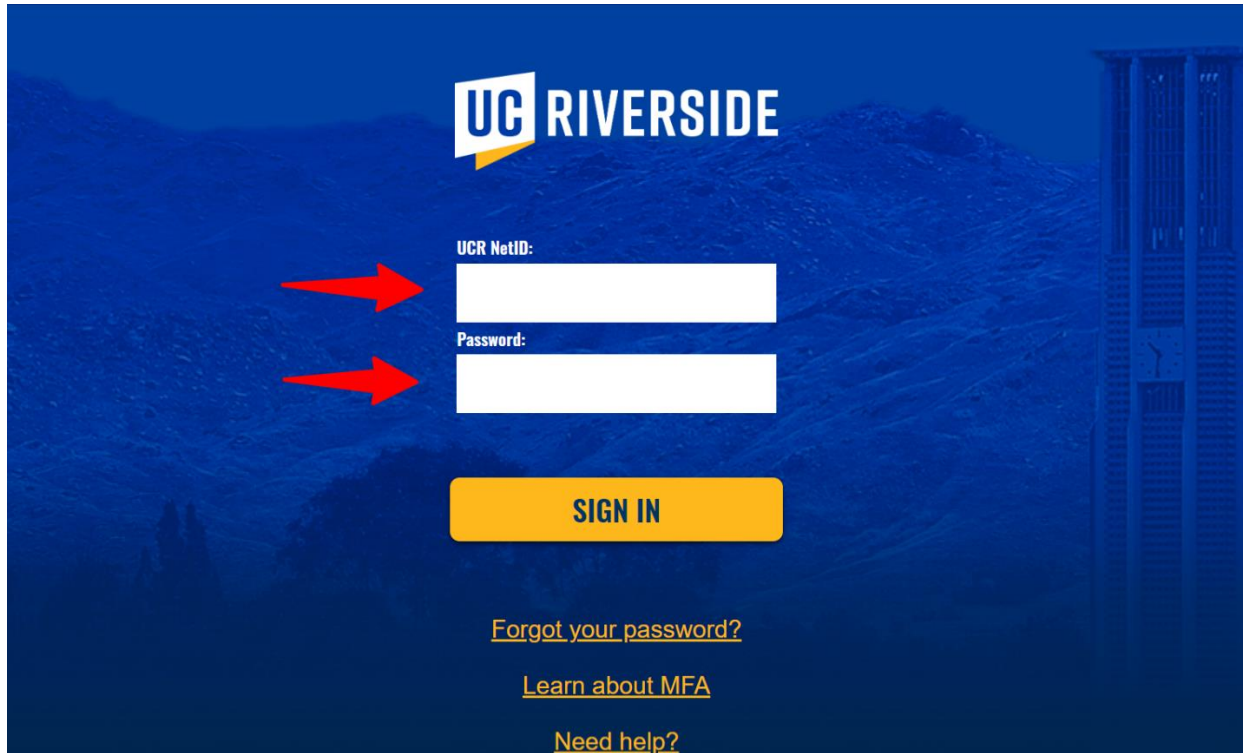


Process through Point and Click “PnC”

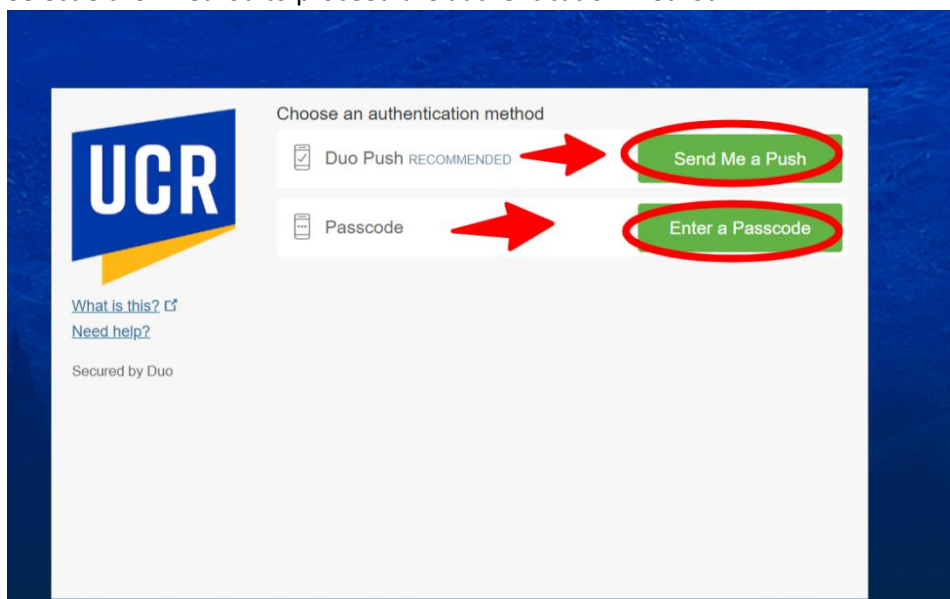
Employees/Student COVID-19 Positive Case Upload Process:

- Click on the patient portal link: [Patient portal](#). Once you click the link, Point and Click (PnC) main login screen will be available. Login with your UCR NET ID and Password.
- PnC will require that you go through the authentication method.



The image shows the UCR Riverside login screen. At the top center is the UCR RIVERSIDE logo. Below it are two white input fields: the first is labeled "UCR NetID:" and the second is labeled "Password:". Two red arrows point to these fields from the left. Below the input fields is a yellow "SIGN IN" button. Underneath the button are three links: "Forgot your password?", "Learn about MFA", and "Need help?".

- Select either method to proceed the authentication method.



The image shows the authentication method selection screen. On the left is the UCR logo. To its right is the text "Choose an authentication method". Below this text are two options: "Duo Push RECOMMENDED" with a checkmark icon and "Passcode" with a passcode icon. Red arrows point from each option to a green button on the right. The "Duo Push" button is labeled "Send Me a Push" and the "Passcode" button is labeled "Enter a Passcode". Both buttons are circled in red. At the bottom left of the screen are links for "What is this?", "Need help?", and "Secured by Duo".

- Main login screen will appear. If you do not see your login as pictured below, please send a secure email to covid19@ucr.edu for assistance.

The screenshot shows the top navigation bar for 'Student Health & Counseling Services'. Below it is a sidebar menu with options: Home, Profile, Medical Clearances, Appointments, Consent Forms, Groups/Workshops, Handouts, Messages, Letters, Download/Upload Forms, Forms, Insurance Card, Survey Forms, Medical Records, and Immunizations. The main content area is titled 'Home for [redacted]' and includes a 'Log Out' link. The heading reads 'Welcome to Student Health and Counseling Services/Employee Health Records'. Underneath, it says 'I would like to...' followed by five blue buttons: 'Schedule an Appointment', 'Send or View Secure Message', 'View My Medical Clearances and Vaccine Records', 'View My Medical Records', and 'View My Lab Results'. A link for 'How to Use UC SHIP' is at the bottom.

- Click on the "Send or view Secure Message".

This image is a close-up of the 'Send or View Secure Message' button from the previous screenshot. A large red arrow points directly to the button. The surrounding interface elements, including the 'Log Out' link and the 'Welcome to Student Health and Counseling Services/Employee Health Records' heading, are visible in the background.

- Click on new message.

Student Health & Counseling Services

Home
Profile
Medical Clearances
Appointments
Consent Forms
Groups/Workshops
Referrals
Handouts
Messages
Letters
Download/Upload Forms
Forms
Insurance Card
Survey Forms
Medical Records
Immunizations

Log Out

Secure Messages Inbox

New Message Refresh

Page: 1

- Click on the option that states, "I would like to report a COVID-19 case."

Student Health & Counseling Services

Home
Profile
Medical Clearances
Appointments
Consent Forms
Groups/Workshops
Referrals
Handouts
Messages
Letters
Download/Upload Forms
Forms
Insurance Card
Survey Forms
Medical Records
Immunizations

Log Out

Select Communication Option

Please choose from the following options:

- Request a **Prescription Refill** from the **Pharmacy**. I should have remaining refills available.
- Submit **Missed/Late Appointment Appeal**
- Send a message to the **Immunization Mandate Staff**
- Send a message to the **Occupational Health for Employee**
- Complete **CAPS Supervision Disclosure Form**
- Request a **Release of Information**.
- Request a **Student Affairs Case Management (SACM) FERPA Release Form**
- I would like to report a **COVID-19 Case**

Continue Cancel

- Please click on the following option that is applicable to you.

Student Health & Counseling Services

Home
Profile
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Appointments
Consent Forms
Groups/Workshops
Referrals
Handouts
Messages
Letters
Download/Upload Forms
Forms
Insurance Card
Survey Forms
Medical Records
Immunizations

Compose New Secure Message

Recipient: COVID-19, EHS CASE MANAGEMENT
Message Type: COVID-19 Screening Secure Message
Subject: Reporting a COVID-19 Case
Attachments: Add attachment...

Items marked with **are required.

COVID-19 Screening Questionnaire
UCR COVID-19 Contact: COVID19@ucr.edu

Please Note: You are only required to complete this survey if you are an employee or a student reporting:

- A positive COVID-19 test
- Exposure to someone who tested positive for COVID-19 (close contact with a known positive person for more than 15 minutes in a 24-hour period)
- Completion of your required COVID-19 test due to a campus outbreak event

LEGAL DISCLAIMER:
This survey is a tool based on generally available information related to the coronavirus (COVID-19). It is not intended to provide official medical advice, treatment, or diagnosis. The use of this tool is not intended to, nor does it create a doctor-patient relationship between you and a healthcare provider. If you have specific medical concerns, you should contact your primary care provider. If you think you or someone you care for is having a medical or mental health emergency, call 911 or go to the nearest hospital. **Do not attempt to access emergency care through this survey.**

** Which of the following would you like to report?
 I am COVID-19 positive.
 I was exposed to a COVID-19 positive person (i.e. I was in close contact with a known positive person for more than 15 minutes in a 24 hour period).
 I am reporting the result of a required COVID-19 test due to a campus outbreak event.

- If you are reporting a positive case, please fill out all the information below.

Student Health & Counseling Services

Home
Profile
Medical Clearances
Appointments
Consent Forms
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Referrals
Handouts
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Letters
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Forms
Insurance Card
Survey Forms
Medical Records
Immunizations
Log Out

Compose New Secure Message

Recipient: COVID-19, EHS CASE MANAGEMENT
Message Type: COVID-19 Screening Secure Message
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Attachments: Add attachment...

Items marked with **are required.

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** Which of the following would you like to report?
 I am COVID-19 positive.
 I was exposed to a COVID-19 positive person (i.e. I was in close contact with a known positive person for more than 15 minutes in a 24 hour period).
 I am reporting the result of a required COVID-19 test due to a campus outbreak event.

** Are you currently employed at UCR?
 Yes
 No

** Do you currently have any COVID-19 symptoms?
 Yes
 No

** Have you tested for COVID-19?
 Yes
 No



** Do you live on campus?

Yes

No

To the best of your ability, please indicate any individuals whom you had close contact on campus, a clinic or another UCR property. This is anyone who was within 6 feet of you for a cumulative total of 15 minutes or more over a 24hr period sharing air with you starting from 2 days before the illness onset (or, if you are asymptomatic, 2 days prior to test specimen collection) until the time that you have isolated.

***Close Contact:**

In indoor spaces 400,000 or fewer cubic feet per floor (such as classroom, gymnasium etc.), a close contact is defined as sharing the same indoor airspace for a cumulative total of 15 minutes or more over a 24-hour period (for example, three separate 5-minute exposures for a total of 15 minutes) during an infected person's infectious period.

In large indoor spaces greater than 400,000 cubic feet per floor (such as open-floor-plan offices), a close contact is defined as being within 6 feet of the infected person for a cumulative total of 15 minutes or more over a 24-hour period during the infected person's infectious period.



Individual 1 Information

Full Name:

Email Address:

Affiliation:

Is this someone in your unit or department?

Date of Interaction:

Where did you have contact with this individual?



Individual 2 Information

Full Name:

Email Address:

Affiliation:

Is this someone in your unit or department?

Date of Interaction:

Where did you have contact with this individual?



Individual 3 Information

Full Name:

Email Address:

Affiliation:

Is this someone in your unit or department?

Date of Interaction:

Where did you have contact with this individual?



Individual 4 Information

Full Name:

Email Address:

Affiliation:

Is this someone in your unit or department?

Date of Interaction:

Where did you have contact with this individual?



Individual 5 Information

Full Name:

Email Address:

Affiliation:

Is this someone in your unit or department?

Date of Interaction:

Where did you have contact with this individual?



Do you have more individuals you were in contact with?

Yes

No



When was the last date you worked or came to campus or another UCR property?



To the best of your ability, please provide details for your campus visits. Fill out the information below for the last visit dates, buildings, floors, and rooms.
Please use the following entry format for this information: **Building Name - Last Visit Date - Floors - Rooms**



Example:
Pierce Hall - 05/21/23 - 1, 2 - 112, 215

Building 1 - Visit information:	<input type="text"/>
Building 2 - Visit information:	<input type="text"/>
Building 3 - Visit information:	<input type="text"/>
Building 4 - Visit information:	<input type="text"/>
Building 5 - Visit information:	<input type="text"/>
Building 6 - Visit information:	<input type="text"/>



Are you reporting additional buildings not listed above? Yes No



What is the best number to reach you?



➤ **If you are reporting an exposure case, please fill out all the information below.**

Student Health & Counseling Services

Home
Profile
Medical Clearances
Appointments
Consent Forms
Groups/Workshops
Referrals
Handouts
Messages
Letters
Download/Upload Forms
Forms
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COVID-19 Screening Questionnaire
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** Which of the following would you like to report?

I am COVID-19 positive.

I was exposed to a COVID-19 positive person (i.e. I was in close contact with a known positive person for more than 15 minutes in a 24 hour period).

I am reporting the result of a required COVID-19 test due to a campus outbreak event.

** What was the last date you were around this person?

** Are you currently employed at UCR?

Yes
 No

** Do you currently have any COVID-19 symptoms?

Yes
 No

** Have you tested for COVID-19?

Yes
 No

** Do you live on campus?

Yes
 No

Powered by Point and Click Solutions © 2023 Language: [English \(United States\)](#)

- **If you are reporting an outbreak case, please fill out all the information below.**

Student Health & Counseling Services

Compose New Secure Message

Recipient: COVID-19, EHS CASE MANAGEMENT
Message Type: COVID-19 Screening Secure Message
Subject: Reporting a COVID-19 Case
Attachments: Add attachment...

Items marked with **are required.

COVID-19 Screening Questionnaire
UCR COVID-19 Contact: COVID19@ucr.edu

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** Which of the following would you like to report?

I am COVID-19 positive.

I was exposed to a COVID-19 positive person (i.e. I was in close contact with a known positive person for more than 15 minutes in a 24-hour period).

I am reporting the result of a required COVID-19 test due to a campus outbreak event.

** Are you currently employed at UCR?
 Yes
 No

** Do you currently have any COVID-19 symptoms?
 Yes
 No

** Have you tested for COVID-19?
 Yes
 No

** Do you live on campus?
 Yes
 No

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- Once you click send. Your message will be sent over to the Occupational Health Coordinator. Please allow 24 to 48 hours for review.

Student Health & Counseling Services

Secure Messages Secure Message Sent

Your message has been sent.