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.

➢ Select either method to proceed the authentication method.
➢ 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.

➢ Click on the "Send or view Secure Message".
➢ Click on new message.

➢ Click on the option that states, “I would like to report a COVID-19 case.”
➢ Please click on the following option that is applicable to you.

If you are reporting a positive case, please fill out all the information below.
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 24 hr period sharing air with you starting from 2 days before the illness onset (or, if you are asymptomatic, 2 days prior to test specimens 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: MM/DD/YYYY 
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: MM/DD/YYYY 
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: MM/DD/YYYY 
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: MM/DD/YYYY 
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: MM/DD/YYYY 
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?

MM/DD/YYYY

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

<table>
<thead>
<tr>
<th>Building 1 - Visit information:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building 2 - Visit information:</td>
</tr>
<tr>
<td>Building 3 - Visit information:</td>
</tr>
<tr>
<td>Building 4 - Visit information:</td>
</tr>
<tr>
<td>Building 5 - Visit information:</td>
</tr>
<tr>
<td>Building 6 - Visit information:</td>
</tr>
</tbody>
</table>

Are you reporting additional buildings not listed above?  ○Yes  ○No

What is the best number to reach you?

Send  Cancel
If you are reporting an exposure case, please fill out all the information below.
➢ If you are reporting an outbreak case, please fill out all the information below.

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