Process through Point and Click "PNC" Employees/Student COVID-19 Positive Case Upload Process:
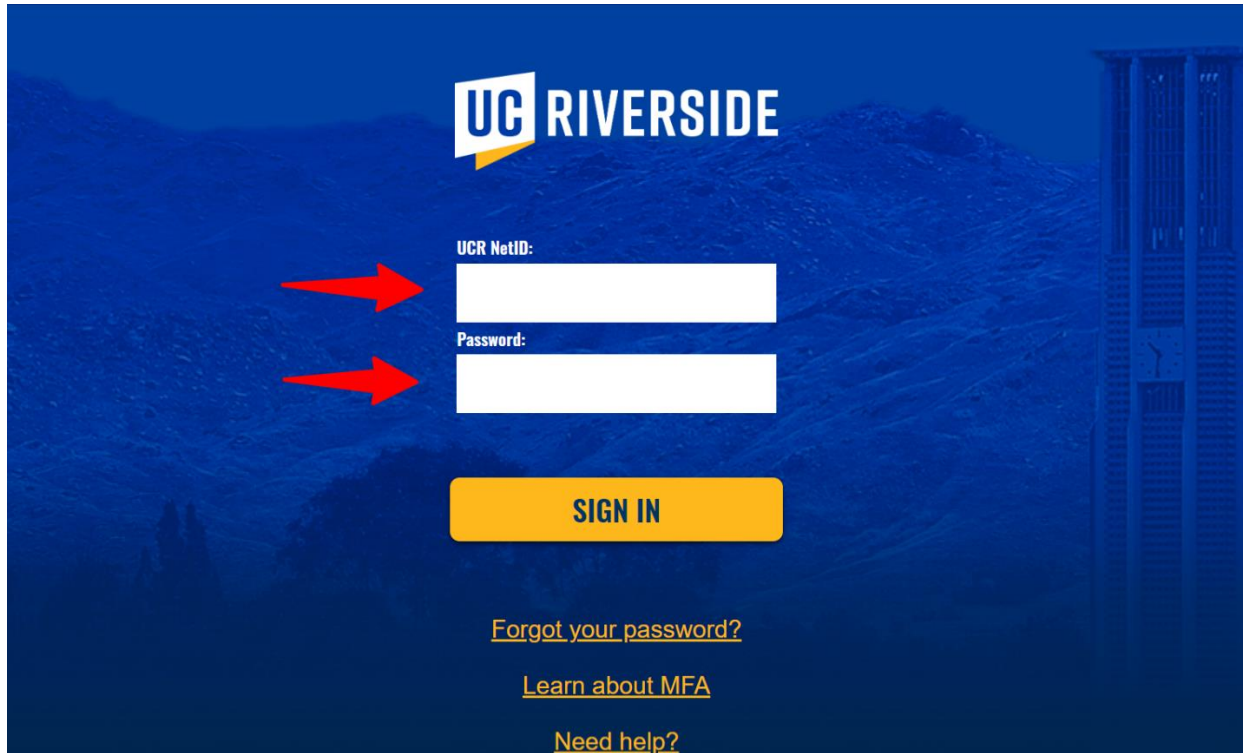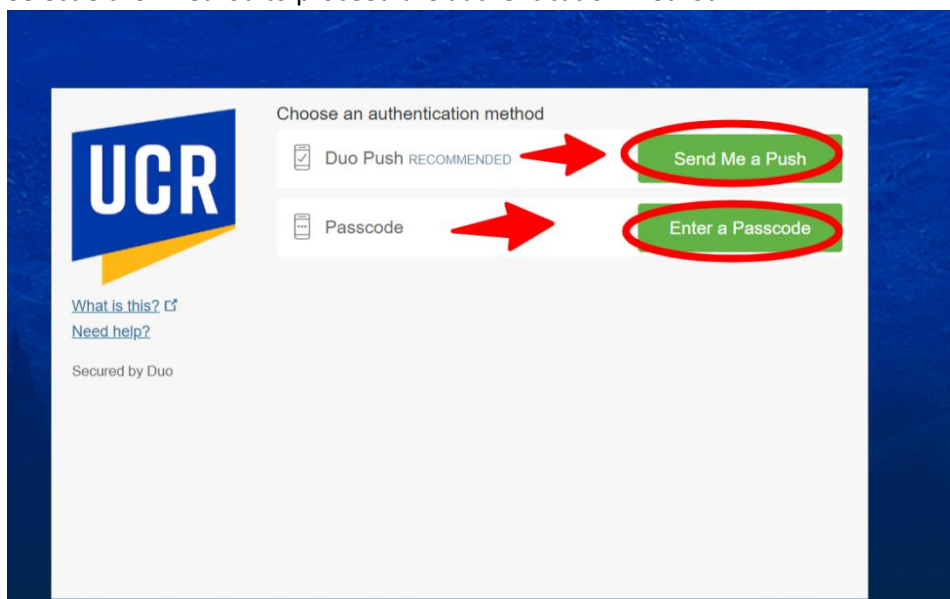
➢ Click on the patient portal link: Patient portal. Once you click the link, Point and Click (PnC) main login screen will be available. Login with your UCR NET ID and Password.

➢ 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.

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

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 hourperiod).**
○ **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
Groups/Workshops
Referrals
Handouts
Messages
Letters
Download/Upload Forms
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
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 hourperiod).**
○ **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: [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

Building 1 - Visit information:

Building 2 - Visit information:

Building 3 - Visit information:

Building 4 - Visit information:

Building 5 - Visit information:

Building 6 - Visit information:

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.**

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

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 hourperiod).
○ 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?

MM/DD/YYYY

** 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

[Send] [Cancel]

➢ **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.