Student Walkthrough
To Register:
1. Navigate to secure.medproctor.com
2. Click New Users - Register
Complete registration by:
- Entering and confirming your University email address
- Read the License and Policies and click the box
- Click Register

Have questions about your Med+Proctor account or your immunization and testing requirements?
Visit support.medproctor.com for assistance.
Begin completing all workflow steps, starting with **Personal Contact Information** under the **Profile** tab.
After completing all required fields under **Personal Contact Information**, click **Continue** to move to the next section.
The next section under Profile is **Emergency Contact Information**. Click **Continue** when completed to move to the next section.
Entering Term is the next section. It is very important to select the correct Entering Term. When completed, click Continue to move to the next section.
Agreements is the next section. Read the EULA and electronically sign the agreement by entering your full name (same full name you entered in the Personal Contact Information section). Click Agree & Continue to move to the next section.
Documents

Follow the instructions below carefully.

University of North Alabama only accepts Med-Proctor Immunization Certificates or Physical Exam Results that were downloaded from https://secure.medproctor.com. You may also submit other supporting documentation as directed by the instructions on this page and your university, college, or school.

Use the section marked Download Documents to download the Med-Proctor documents that University of North Alabama requires or recommends.

Read any attached instructions carefully. Have your healthcare provider complete and sign the documents as required.

Your parent or guardian may be required to sign your documents (i.e. if you are under 18 years old).

Scan or photograph your documents. Upload them in the section marked Upload a Document below. Use JPEG formatted images for best results.

IMPORTANT: You may also wish (or be asked to) upload supporting documentation (e.g. positive titer results).

University of North Alabama requires or recommends these documents:

- Immunization Certificate (Required)
- MMR Titer Results (If Applicable)
- Immunization Waiver (If Applicable)

Download Documents

- Immunization Certificate
Scan or photograph your documents. Upload them in the section marked Upload a Document below. Use JPEG formatted images for best results. IMPORTANT: You may also wish (or be asked to) upload supporting documentation (e.g. positive test results).

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Download Documents

- Immunization Certificate  

Upload a Document

You've uploaded 0 documents. Upgrade your account to view your documents!

JPEG (.jpg or .jpeg) images are preferred.

Need to correct a document you have submitted? Simply select the document type and choose the corrected file in the form below.

Document Type *

Select a file *

Continue...
INSTRUCTIONS

University: University of North Alabama
Student: (Your name here) (UNA email)
DOB: MM/DD/YYYY

HOW TO COMPLETE THESE FORM(S):

A licensed healthcare professional MUST complete and sign THESE forms. ALL green sections are required.
PRINT CLEARLY WITH DARK BLACK INK. A computer will be reading your forms. Fill in circles completely.
NO other forms of documentation will be accepted. (Blue Cards, Yellow Cards, State Immunization Records, etc. are NOT accepted)
Do not fold, cut, or mark on the border lines of these forms.
Include the Border Lines in your scanned images.
Review your forms for completeness and accuracy. Double check ALL signatures. MM/DD/YY date formats.
Consult your Healthcare Professional before receiving any of the following immunizations.
Your records are due by: Orientation or 8/1/2018 ...whichever comes first!

REQUIRED
Required by regulation and /or policy to attend this university.
Documents:
Immunization Certificate
Immunization Dates:
Varicella (2 doses OR Pos. VZVIGG Titer)
Meningococcal (1 dose within 5 yrs)
TDaP Booster (1 dose within last 10 yrs)
Tb Test Results (after 1/1/2018)
MMR (2 doses OR Pos. Titer)

RECOMMENDED
Recommended for your general well being but NOT required.
Immunization Dates:
Polio
Hepatitis A
Hepatitis B
HPV

OPTIONAL
Optional information
Immunization Dates:
Meningococcal B
JE - Japanese Encephalitis
Typhoid
Yellow Fever
Rabies

UPLOADING YOUR FORMS:

Review your forms for completeness and accuracy. Double check ALL signatures.
Scan or photograph your documents as JPGs for upload. Be sure to include the border lines and fill the picture frame.
Upload your completed forms to your account at medproctor.com.
You may upload your additional documentation for storage and later retrieval. (blue cards, state records, etc.)
Check your University Email account regularly for messages from MedProctor regarding incomplete information.
You will be notified via email once your information is successfully verified.

BE AWARE:
* Incomplete/Illegible writing and poor images will be rejected.
* Completion of these forms by your due date will help expedite your registration process.

Do not upload this page.

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# Immunization Certificate

**University of North Alabama**

**Student:** (Your name here) (UNA email)

**DOB:** MM/DD/YYYY

## Immunization History

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Required/Recommended</th>
<th>Date 1</th>
<th>Date 2</th>
<th>Date 3</th>
<th>Date 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR</td>
<td>Required</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
</tr>
<tr>
<td>Meningococcal A</td>
<td>Required</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
</tr>
<tr>
<td>Meningococcal B</td>
<td>Optional</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Recommended</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
</tr>
<tr>
<td>Varicella</td>
<td>Required</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
</tr>
<tr>
<td>HPV</td>
<td>Recommended</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
</tr>
<tr>
<td>Polio</td>
<td>Inactivated</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
</tr>
<tr>
<td>Polio</td>
<td>Recommended</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
</tr>
<tr>
<td>TDaP</td>
<td>Required</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
</tr>
<tr>
<td>Typhoid</td>
<td>Optional</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
</tr>
<tr>
<td>Yellow Fever</td>
<td>Optional</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
<td>MM DD YYYY</td>
</tr>
</tbody>
</table>

## Required Immunization History Signature

**LICENCED CARE PROFESSIONAL SIGNATURE**

**PRINT LICENCED HEALTH CARE PROFESSIONAL FIRST AND LAST NAME**

**SIGNATURE DATE**

## Tuberculosis Skin or Blood Test Results

**Tb Skin PPD**

- [ ] 0 mm
- [ ] 0 to < 5 mm
- [ ] 5 to < 10 mm
- [ ] 10 to < 15 mm
- [ ] 15 mm or larger

**mm and range REQUIRED (fill bubble)**

**OR**

**Tb Blood Test**

**T-Spot QuantiFERON**

**Results**

- [ ] Positive
- [ ] Negative

## Tuberculosis Test Results Signature

**LICENCED CARE PROFESSIONAL SIGNATURE**

**PRINT LICENCED HEALTH CARE PROFESSIONAL FIRST AND LAST NAME**

**SIGNATURE DATE**

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**Office Stamp**

**Copyright © 2018 by MedProctor, LLC.**
Your record is being reviewed

Thank you for submitting your application.

Med-Proctor will notify you via email when your institution approves your submission.

Need to upload another form? Follow this link https://secure.medproctor.com/Document