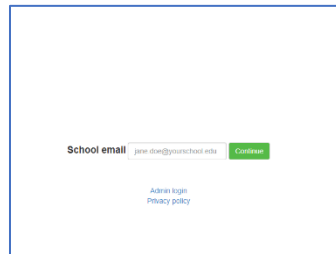


INSTRUCTIONS FOR UPLOADING COVID-19 VACCINE DOCUMENTATION UNIVERSITY OF LA VERNE

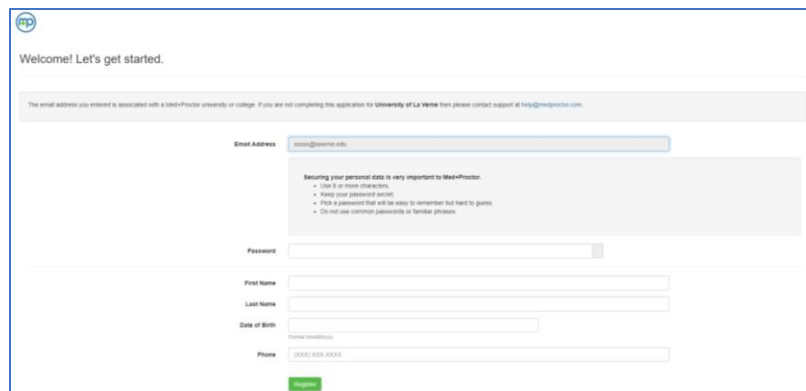
1. Go to [Med+Proctor Registration Page](#)
2. Enter your University of La Verne Email address



School email

[Admin login](#)
[Privacy policy](#)

3. Create a profile by completing indicated fields



Welcome! Let's get started.

The email address you entered is associated with a Med+Proctor university or college. If you are not completing this application for University of La Verne then please contact support at help@medproctor.com.

Email Address

Securing your personal data is very important to Med+Proctor.

- Use 8 or more characters
- Make your password secure
- Pick a password that will be easy to remember but hard to guess
- Do not use common passwords or familiar phrases

Password

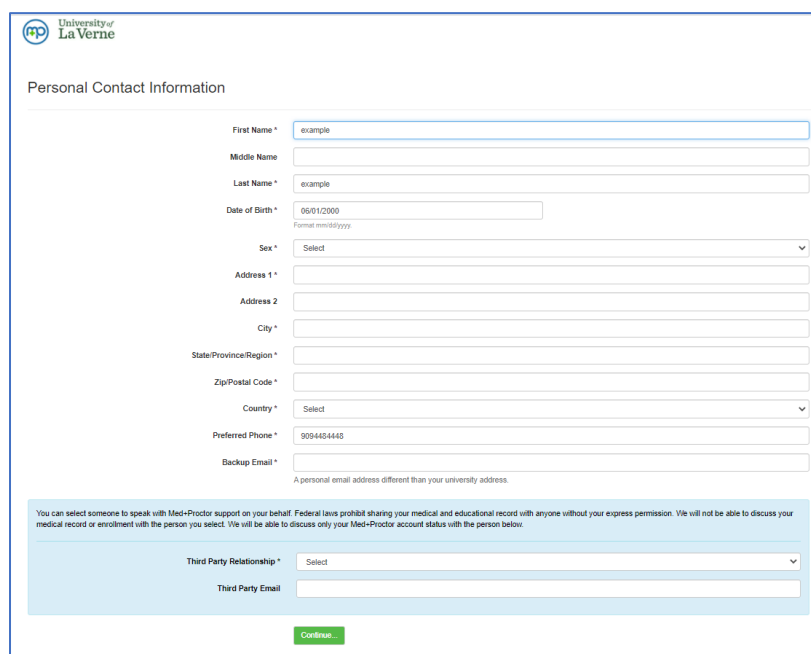
First Name

Last Name

Date of Birth

Phone

4. Complete Personal Contact Information



University of La Verne

Personal Contact Information

First Name *

Middle Name

Last Name *

Date of Birth *
Format mm/dd/yyyy

Sex *

Address 1 *

Address 2

City *

State/Province/Region *

Zip/Postal Code *

Country *

Preferred Phone *

Backup Email *
A personal email address different than your university address.

You can select someone to speak with Med+Proctor support on your behalf. Federal laws prohibit sharing your medical and educational record with anyone without your express permission. We will not be able to discuss your medical record or enrollment with the person you select. We will be able to discuss only your Med+Proctor account status with the person below.

Third Party Relationship *

Third Party Email

5. Complete “Entering Term” Information
 - a. Requirement Group: Employee or Student
 - b. Student or Employee ID
 - c. Campus Resident: Living On-Campus or Planning to live On-Campus (yes, no, unknown)

University of La Verne

Entering Term

Attention
 Selecting the incorrect requirement group can significantly delay the processing of your records.
 For more information about selecting the right requirement group visit <https://support.medproctor.com> and search our knowledge base

Requirement Group *

Student ID *

Campus Resident? *

6. Review and electronically sign “End User License Agreement”

Med+Proctor Agreement

END USER LICENSE AGREEMENT / TERMS OF USE

IMPORTANT: PLEASE READ THIS EULA CAREFULLY.
 Med+Proctor is a developer and distributor of educational and medical record management hardware, software, and mobile applications. Med+Proctor also provides Services to Educational Institutions, which use its proprietary Program.

This EULA is between Med+Proctor and User. Please read this EULA carefully, as User accepts and agrees to be bound by all Terms by accessing and/or using the Site, Program and/or Services. If User does not accept or agree to be bound by the Terms of this EULA, then User should not access or use the Site, Program and/or Services, and User must immediately exit this Site and/or discontinue use of the Program and/or Services. The access and/or use of the Site, Program and/or Services signifies User's acceptance and continued acceptance of Med+Proctor's Terms, including this EULA, and any revisions thereto.

The Site, Program, and/or Services are to be accessed and used only by Users (and/or their Representatives) who are thirteen (13) years of age or older and who consent to and authorize any and all privacy waivers requested by Med+Proctor. By accessing and/or using the Site, Program and/or Services, the User acknowledges that:

Enter your full name

Enter your full name for use as an electronic signature

7. Select “submit your health forms for free without the upgrade” gray box at bottom of page

University of La Verne

Ready to submit your documentation?

Benefits
One-time, easy payment of \$10.00
Priority Access to support staff and verification services.
Lifetime Access: Download and use your immunization forms anytime you need them.
Centralized, Secure Storage: All of your relevant health information in one location.
Access to the Association of American Medical Colleges (AAMC) form which is accepted nationwide.
Generate your complete health record with just one click! Great for transfer of health information to other organizations.

8. Upload COVID-19 Vaccination Documentation.
 - a. Documentation Type: COVID Documentation
 - b. Upload Electronic Record of COVID Vaccination Record (Picture of Vaccination Record is acceptable).

Upload a Document

JPEG (.jpeg or .jpg) 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...](#)

Uploaded Documents

There are no uploaded documents.

9. You are done. Your records will be reviewed, verified and you will be contacted as appropriate.

 University of La Verne

Status

Vaccine Passport

Your record is being reviewed

Your Provider will notify you via email when your institution approves your submission.

[Click here to submit another document](#)