



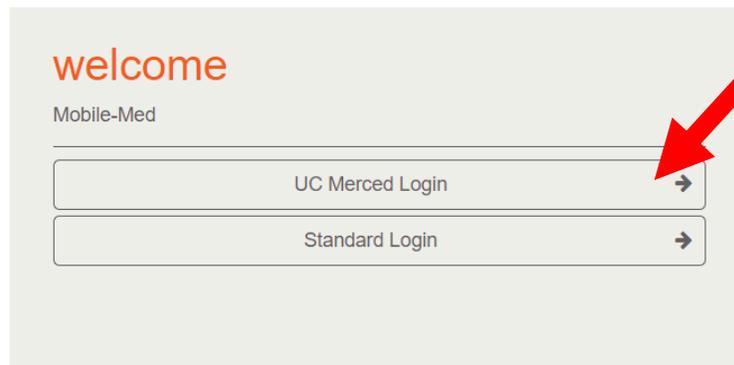
Completing Your COVID-19 Attestation to WorkHealth Solutions

1. From [Campus Ready: Get Vaccinated](#), navigate to the Work Health Solutions employee portal.



2. Select UC Merced Login.

work health*solutions



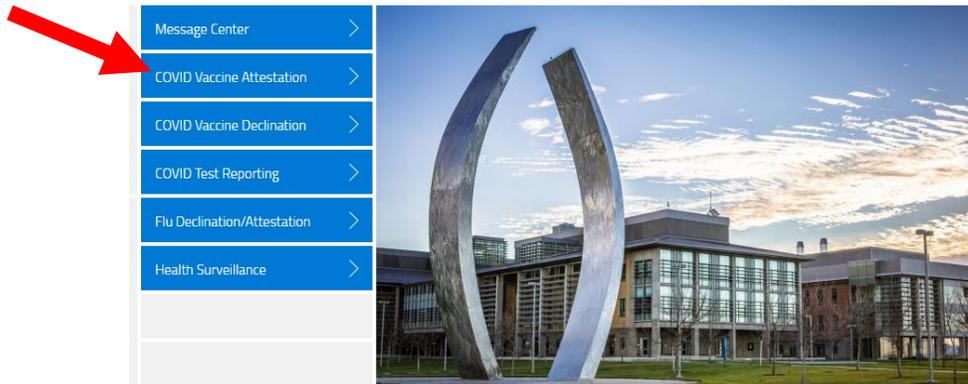
3. You will be re-directed to single sign-on. Use your UCM ID and password to log in.

A screenshot of the UC Merced Single Sign On form. It includes the UC Merced logo and the text 'UC MERCED Single Sign On'. There are two input fields: 'UCMNetID or M.ID (Required)' and 'Password (Required)'. Below the password field is a checkbox for 'Show Password'. There are links for 'Forgot Password' and 'Sign in'. At the bottom, it says 'New to UC Merced? [Claim Account](#)'.

4. Once you have completed your single sign-on, you will be directed to the WorkHealth Solutions Employee Portal. Select the COVID Vaccine Attestation tab to begin the process.

WELCOME TO THE ENTERPRISE HEALTH PATIENT PORTAL —
PLEASE SELECT FROM THE MENU BELOW.

work health*solutions



5. You will be directed to the COVID-19 Vaccine Attestation page. Please read the requirements thoroughly. If you have any questions, please reach out to the COVID Response Center. Select the radio button indicated to attest or decline to being Up-To-Date with COVID vaccination.
- If you are **up-to-date** with COVID19 vaccination, select the appropriate radio button and click submit.

COVID-19 Vaccine Attestation

The purpose of this SARS-CoV-2 (COVID-19) Vaccination Program is to facilitate protection of the health and safety of the University community, including its patients as well as its Students, Personnel, and all others who work, live, and/or learn in any of the University's Locations or otherwise participate in person in University Programs. The University strongly recommends that all members of the University community stay Up-To-Date with COVID-19 vaccination.

In addition, this COVID-19 Vaccination Program requires any Covered Individual, subject to Non-Pharmaceutical Interventions (NPIs) to be Up-To-Date on COVID-19 vaccination or to properly decline COVID-19 vaccination as a condition of Physical Presence at any University Location or Program. Covered Individuals may have recurring obligations under this program to remain Up-To-Date or affirmatively decline COVID-19 vaccination. Covered Individuals subject to additional or more restrictive COVID-19 vaccination requirements under applicable law and/or applicable public health directives must also comply with those requirements.

By signing this form, I acknowledge that:

I have read and understand the information provided above

I have had the full opportunity to ask questions concerning the vaccine and have received satisfactory answers to my questions.

Full name *

Today's Date *

My response to the (COVID-19) Vaccination Program is as follows: *

I attest to being up-to-date with COVID-19 vaccination

I decline to being up-to-date with COVID-19 vaccination

Date of most recent vaccination:

[Save for later](#) | [Cancel](#)

- b. If you are **NOT** up-to-date with COVID19 vaccination, select the appropriate radio buttons and click submit. You **must** also complete the declination form which can be found under the Declination Form tab.

COVID-19 Vaccine Attestation

The purpose of this SARS-CoV-2 (COVID-19) Vaccination Program is to facilitate protection of the health and safety of the University community, including its patients as well as its Students, Personnel, and all others who work, live, and/or learn in any of the University's Locations or otherwise participate in person in University Programs. The University strongly recommends that all members of the University community stay Up-To-Date with COVID-19 vaccination.

In addition, this COVID-19 Vaccination Program requires any Covered Individual, subject to Non-Pharmaceutical Interventions (NPIs) to be Up-To-Date on COVID-19 vaccination or to properly decline COVID-19 vaccination as a condition of Physical Presence at any University Location or Program. Covered Individuals may have recurring obligations under this program to remain Up-To-Date or affirmatively decline COVID-19 vaccination. Covered Individuals subject to additional or more restrictive COVID-19 vaccination requirements under applicable law and/or applicable public health directives must also comply with those requirements.

By signing this form, I acknowledge that:

I have read and understand the information provided above

I have had the full opportunity to ask questions concerning the vaccine and have received satisfactory answers to my questions.

Full name *

Today's Date *

My response to the (COVID-19) Vaccination Program is as follows: *

I attest to being up-to-date with COVID-19 vaccination

I decline to being up-to-date with COVID-19 vaccination

Declination attestation form: *

I understand that I must also complete the Declination Form under the Declination tab on the portal.

[Save for later](#) | [Cancel](#)

6. You will receive a prompt that your submission was successful, and you will be redirected to the front page of the portal. **Please note that you will be unable to view your responses after submission.**

SUBMISSION SUCCESSFUL

work health*solutions

THANK YOU!

You will be redirected momentarily.