



myRecordTracker®

UPLOADING AND ATTACHING DOCUMENTS

STUDENT USER GUIDE

EMPOWERED BY  VERTICAL SCREEN

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WELCOME

This guide will provide step-by-step instructions for accessing and utilizing myRecordTracker to upload a document and how to utilize a document previously uploaded into myRecordTracker to complete a requirement. Students who have questions about using myRecordTracker after reading these instructions should contact Certiphi Screening’s Applicant Services team at 1-800-803-9582 or myrecordtracker@verticalscreen.com.

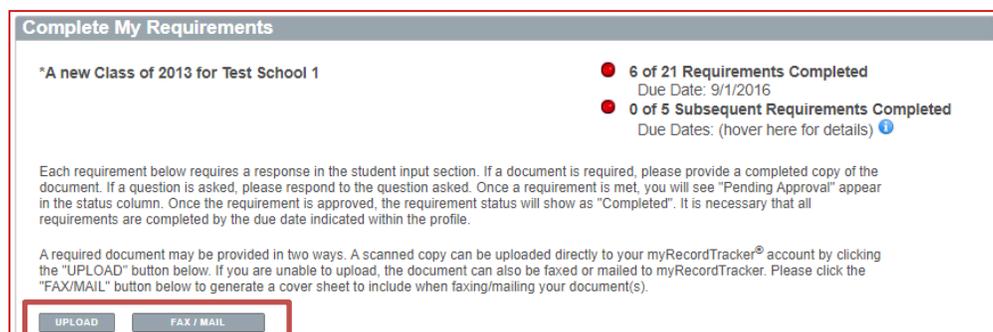
UPLOADING AND ATTACHING DOCUMENTS

First log in to your profile at <https://www.myrecordtracker.com>.

UPLOADING DOCUMENTATION

myRecordTracker is mobile friendly and you can access the system from most devices. We offer multiple ways you can upload your required documents into the system. There are a couple of options where once your required document is attached, the requirement will automatically go into **Pending** or **Complete** status depending on system settings. When you click on the **Upload** button under Complete my Requirements you may upload a clear picture of a document, a scanned copy of the document, or the document directly from your device files.

While not utilized often, Certiphi Screening still offers the ability to fax or mail a cover sheet by clicking on the **Fax/Mail** button. Using this option you can fax or mail your document to Certiphi Screening (the cover sheet must be included for each document). If this option is utilized, Certiphi Screening’s goal is to review the documentation within 72 hours of receipt, after which it will be attached to your requirement. This is a manual task for our representatives.



Clicking **Upload** will allow you to attach a single document to one or multiple requirements. You will be directed to the **Upload Document** section where you can select and **Submit** the document.

Upload Document

Click the browse button to locate the file you wish to upload.

Immunization Form.pdf

Please note: this may take several minutes depending on the size of the file being uploaded.

Once submitted you will be given the opportunity to:

1. Review the document that is uploaded;
2. Name the document;
3. Review the names of unfulfilled requirement(s) that are remaining; and
4. Decide to attach your document to multiple requirements, or just one requirement by checking the box next to that requirement. If a requirement requires an expiration date or date of test, you will be prompted to enter the date upon upload. Certiphi Screening will not enter this information into the system.

Please note: There is no limit to the number of documents you can attach to a single requirement.

Save Document

* = required field

Name your document:*

Attach document to available requirement(s):

Covid test

Optionally attach more documents to these requirements below that already have the minimum number of documents:

COVID-19 (vaccination(s) OR Exemption Form)

Influenza (Flu vaccine)

TDAP - Tetanus, Diphtheria and Pertussis

Hepatitis B (Vaccine Series OR Titer)

MMR – Mumps, Rubella (American Measles), Rubella (German Measles) OR Titers

Varicella (Vaccine Series OR Titer OR MD Verification)

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IMMUNIZATION DATE	TITER RESULT	RECORD ACTUAL TITER VALUES	OFFICE USE
DPT AND BOOSTERS¹			
POLIO			
MEASLES ⁴ (Rubeola)			
MUMPS ⁴			
RUBELLA ⁴			
VARICELLA ⁴			
HEPATITIS #1			
HEPATITIS #2			
HEPATITIS #3 ⁴			
BCG ²			
PNEUMOVAX ²			
INFLUENZA ²			
HUMAN PAPILLOMAVIRUS (HPV)			
MENINGOCOCCAL			
PPD ³ : 1 ST YEAR			
RESULTS			

¹ Tetanus must be given within last 10 years.
² BCG, Pneumovax, Influenza if indicated.
³ PPD is **REQUIRED** and must be administered within the past 12 months.
⁴ Titers are **REQUIRED** for Rubella, Rubeola, Mumps, Hepatitis B, and Varicella. Actual lab results **MUST** be submitted.

*Indicate if patient not vaccinated for the following reasons:
 E = exemption (religious beliefs)
 D = declination
 C = contraindication
 SRI = self reported illness

ALL EMPLOYEES MUST HAVE THE ABOVE REQUIREMENTS COMPLETED AT THE TIME OF YOUR START DATE.

Physician Name: _____ Signature: _____ Date: _____

Physician Address: _____ Telephone #: _____

Expiration Date ✕

Expiration Date: [mm/dd/yyyy]

<p>TDAP - Tetanus, Diphtheria and Pertussis <i>Expiration date is 10 years from the date the vaccine was administered.</i></p>	<p>You must provide 1 document to fulfill this requirement:</p> <p>Document #1: TDAP <input type="button" value="UNASSIGN"/></p> <p>Document #2: Immunization Form <input type="button" value="UNASSIGN"/></p> <p>Add Another Document <input type="button" value="ATTACH"/></p> <p style="border: 1px solid red; padding: 2px;">Expiration Date: 10/23/2024</p> <p>Date of Service: 1/15/2024</p>	<p>● Pending Approval</p>
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You will receive an email notification alerting you to any upcoming document expiration dates. For new documentation you can utilize the same upload methods available on the site. You must include a new expiration date for any new documentation. The expiration date you enter should follow the instructions provided and must be a future date.

Once the requirement is fulfilled the requirement is automatically removed from the checklist, leaving only the requirements that are not yet completed. For example, if you upload a document fulfilling the requirements for Hepatitis B and MMR, both of those requirements will no longer appear in the list.

ATTACHING PREVIOUSLY UPLOADED DOCUMENTS

Click into your **Profile** that has the requirement you want to complete with a previously uploaded document. Locate the unfulfilled requirement that you would like to attach a document to and choose **Attach** under the **Student Input** column.

<input type="button" value="UPLOAD"/> <input type="button" value="FAX / MAIL"/>		
School Requirement	Student Input	Status
<p>COVID-19 (vaccination(s) OR Exemption Form <i>Please provide 1 of the following: 1. Please provide documentation of complete FDA EUA COVID 19 vaccination. Positive antibody titer showing immunity or history of disease is not accepted. Required documentation: - 2 doses of Pfizer-BioNTech vaccine given at least 21 days apart OR - 2 doses of Moderna vaccine given at least 28 days apart OR - 1 dose Johnson & Johnson/Janssen vaccine. Both shots must be provided for approval. The Johnson-Johnson COVID vaccine only requires evidence of the single shot. 2. If you upload the exemption form, the requirement will be rejected with the following rejection note - COVID19 vaccination not provided. Exemption form uploaded.</i></p>	<p>You must provide 1 document to fulfill this requirement:</p> <p>Document #1: COVID-19 Vaccination <input type="button" value="UNASSIGN"/></p> <p>Document #2: Immunization Form <input type="button" value="UNASSIGN"/></p> <p style="border: 1px solid red; padding: 2px;">Add Another Document <input type="button" value="ATTACH"/></p> <p>Date of Service: 4/28/2021</p>	<p>● Completed</p>

Documents that have already been uploaded into the system and are not currently attached to any requirements are displayed under “**Current available documents**”. From this list, choose the document that is needed for the requirement.

Attach Document

Requirement: COVID-19 (vaccination(s) OR Exemption Form)

Current available documents:
Immunization Form
Test10.23

Select a document.
By clicking on a document in the list, it can be viewed in the right hand panel. Clicking on a document and then clicking the “SAVE” button, the document will be added as the answer to the specific requirement.

Once you have selected the document you are given the opportunity to add an expiration date to the requirement, if applicable. Click **Save** to continue.

Attach Document

Requirement: TDAP - Tetanus, Diphtheria and Pertussis

Expiration Date.*
10/23/2024
[mm/dd/yyyy]

Current available documents:
Immunization Form
Test10.23

Immunization Form



IMMUNIZATION FORM

Name: _____ Age: _____ Date of Birth: ____/____/____
Sex: M ___ F ___ Allergies: _____ #800 _____

	IMMUNIZATION DATE	TITER RESULT	RECORD ACTUAL TITER VALUES	OFFICE USE
DPT AND BOOSTERS¹				
POLIO				
MEASLES⁴ (Rubeola)				
MUMPS⁴				
RUBELLA⁴				
VARICELLA⁴				
HEPATITIS #1				
HEPATITIS #2				
HEPATITIS #3⁴				
BCG²				
PNEUMOVAX²				
INFLUENZA³				
HUMAN PAPILLOMAVIRUS (HPV)				
MENINGOCOCCAL				
PPD³: 1ST YEAR				
RESULTS 2ND YEAR				
RESULTS 3RD YEAR				
RESULTS 4TH YEAR				

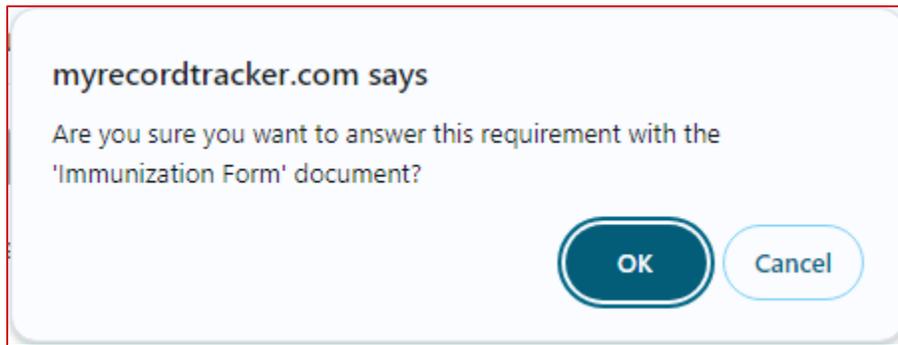
¹ Tetanus must be given within last 10 years.
² BCG, Pneumovax, Influenza if indicated.
³ PPD is **REQUIRED** and must be administered within the past 12 months.
⁴ Titers are **REQUIRED** for Rubella, Rubeola, Mumps, Hepatitis B, and Varicella. Actual lab results **MUST** be submitted.

^{*}Indicate if patient not vaccinated for the following reasons:
 E = exemption (religious beliefs)
 D = declination
 C = contraindication
 SRI = self reported illness

ALL EMPLOYEES MUST HAVE THE ABOVE REQUIREMENTS COMPLETED AT THE TIME OF YOUR START DATE.

Physician Name: _____ Signature: _____ Date: _____

You will be prompted to confirm that you are ready to submit the document for the requirement. Select **OK** on this screen and the document will now be attached to the requirement.



CONTACT INFORMATION

If you have any questions about the myRecordTracker process, please contact Certiphi Screening from Monday through Friday, 3am – 10pm ET.

Customer Service	Technical Support	International Support
855-225-8606, press 2	855-225-8606, press 4	00+1+215+876+6145

Payment Questions	Email
888-291-1369, ext. 3	myrecordtracker@verticalscreen.com