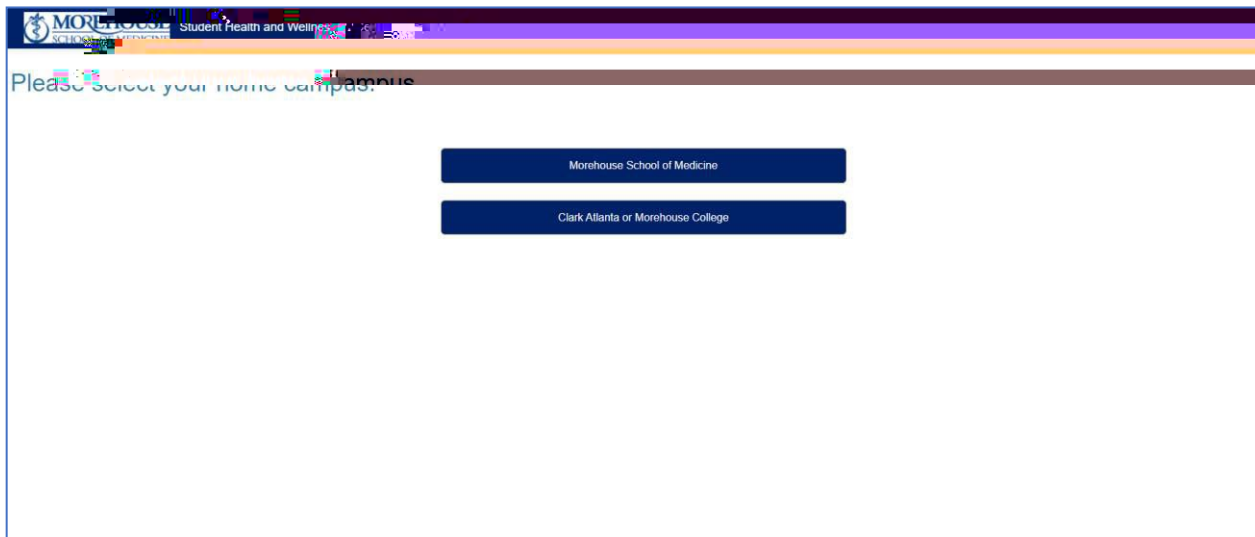


How to Upload Immunization Records to Point and Click (PNC) Patient Portal

Morehouse School of Medicine

1. Sign into the portal at: <https://MSMPortal.pointnclick.com>. Click on the button that says Morehouse School of Medicine and log in.

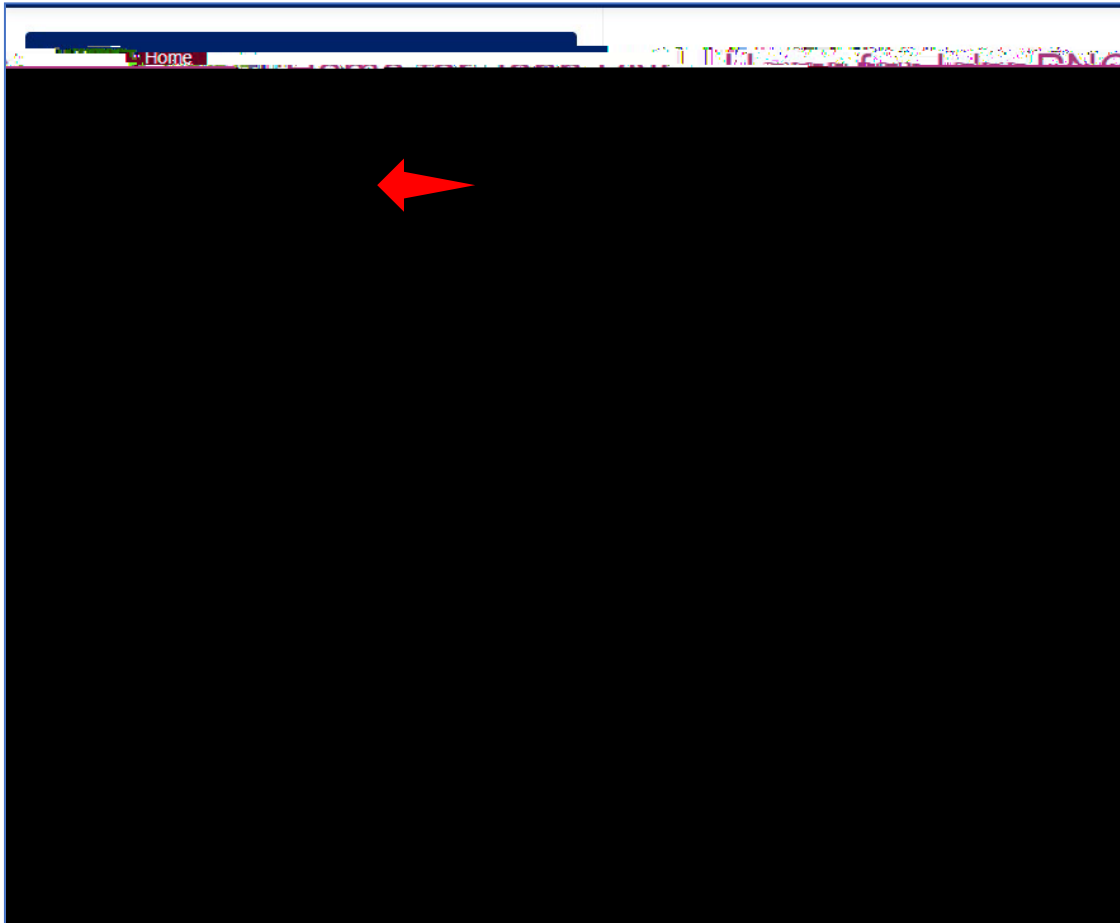
You must have an MSM email prior to logging in.



2. You will then see the home page. Below is an example of a test patient.



3. Click on the tab on the left side menu called Medical Clearances



4. In the Medical Clearances tab you will see each requirement listed. Click on the green Update button next to the requirement you would like to complete

The screenshot shows the 'Medical Clearances for John PNG' page. The left sidebar contains a navigation menu with items like Home, Profile, Messages, Appointments, Referrals, Handouts, Letters, Downloadable Forms, Survey Forms, Immunizations, and Log Out. The main content area displays instructions for compliance and a table of requirements.

To be fully compliant with your medical clearances, you must make sure you have done the following:

1. Enter the dates of your immunizations/blood tests **(Required)**

Please note: It is not sufficient to just upload your immunization record. Failure to enter immunization dates will result in non-compliance with the requirements.

Overall Clearance Status: ✗ Not Satisfied

Items required for clearance:

Clearance	Status
Chest X-Ray	Update ✗ Not Compliant
COVID-19 Vaccine	Update ✗ Not Compliant
Health History	Update ✔ Compliant
Immunization Records	Update ✔ Compliant

A red arrow points to the 'Update' button for the 'Chest X-Ray' requirement.

5. Enter the date(s) the requirement was met. Any special instructions will appear at the top of the screen in the blue box. Below is an example of the hepatitis B requirement.

This compliance can be satisfied for non-clinical students by 3 HepB containing immunizations OR a Hep B Surface Antigen blood test. MSM

Doses of Hepatitis B Vaccine

Date 1	Vaccine1
10/10/2019	Hep B-adult (Hepatitis B-adult)
Date 2	Vaccine2
	Hep B-adult (Hepatitis B-adult)
Date 3	Vaccine3
MM/DD/YYYY	Select one...

Hepatitis B Surface Antigen

Date	Result
MM/DD/YYYY	<input type="radio"/> Positive <input type="radio"/> Negative

Additional Doses of Hepatitis B Vaccine

Date 4	Vaccine4
MM/DD/YYYY	Select one...
Date 5	Vaccine5
MM/DD/YYYY	Select one...

Cancel Done

6. Next

9. To upload the completed form, go to the "Downloadable Forms" tab and upload the form under the correct exemption category. For example, if you are requesting a COVID 19 Medical Exemption, click on the green Upload button under COVID 19 Medical Exemption Request and then click Save.

10. If you should have any questions regarding the compliance requirements, please reach out to our office.

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