

Health and Safety- COVID19

Purpose	Provide COVID 19 certification, vaccination, and test results
Timing/Information	Adhoc to Certify & add vaccination status, weekly to upload test results
Navigation	Summit-Employee HomePage > Health and Safety







Upload Proof of Vaccination	Summit-Employee		Health and Safety
vacomation	Certification	Vaccinations	
Select	Vaccinations	No vaccinations reported.	
Vaccinations	Test Results	Add Vaccination	
Select Add Vaccination			Cancel Add Vaccination Continue
Select the appropriate option		D	COVID19 Partially Vaccinated
Select Continue			

Select the date the COVID19 vaccine was completed	Vaccine Details Save
Select <i>Add</i> <i>Attachment</i> to upload documentation of your COVID19 vaccination	You have not added any Attachments. Add Attachment Add Attachment Benney County is committed to producting your privacy and ensuring that your private data is maintained and disclosed appropriately. The Employee COVID-19 Proof of Vaccanation and Testing Policy required to provide between the start of



	Choose From	
Select <i>My Device</i> and choose the file that contains your vaccination documentation	My Device	
	File Attachment	×
	Choose From	
Select Upload	My Device Upload Clear	
	COVID Vaccination Card docx File Size: 29KB	
	File Size: 29KB	

	File Attachment	Done
	Choose From	
Once the upload is	My Device	
complete, select Done	COVID Vaccination Card docx File Size: 29KB	
	Up	oad Complete



Health and Safety– COVID19

	Cancel Vaccine Details			
Select the		Vaccine COVID19 Fully Vaccinated "Date 10/19/2021		
checkbox <i>I Agree</i> after reviewing the	Attachments Add Attachment			
Acknowledgement	Attachments ◇	Description \Diamond	Attached By \diamond Attached On \diamond	TION
text, select Save	COVID_Vaccination_Card.docx		Jim Smith 10/19/21 01:01:27 PM	Ē
Your vaccination entry is now complete If you certified Yes , no other action is	Acknowledgement Ramsey County is committed to protecting y identifies all potential uses and disclosures required to provide your vaccination status c weekly COVID-19 test results as required by participate in routine COVID-19 testing as re compliance with policy requirements. By cer and including discharge.	our privacy and ensuring that your private data is maintained and disclosed appropriate your private data and outlines your rights with regard to your private data. Your COVI report of vacancians. However, if you do not provide the data, your bit be considered Ramesy County Employee COVID-19 Proof of Vaccination and Testing Policy. If you quired by the policy, you may be subject to discipiting, up to and including discharge. You frying below, you acknowledge that you have provided information accurately and under XI Agree	aly The Employee COVID-19 Proof of Vaccination and Testing D-19 vaccination status data is private data about you. You are invaccinated against COVID-19 and fail do not show proof of full vaccination against COVID-19 and fail about the about the about the about the set status until demonstrat restand that providing incorrect information could lead to discip	Policy not legally vide to ing ing ine, up to
required	Vaccinations			
	+			
	Date 🛇	Vaccine 🗘	Status ◇	
	10/19/2021	COVID19 Fully Vaccinated	Recorded	>

If you certified No	Continue to the next section for directions on submitting COVID-19 test results
IMPORTANT:	Please refer to the Employee COVID-19 Proof of Vaccination and Testing Policy for questions and information regarding requirements for testing.

	Summit-Employee		Health and Safety
Select Test Results		Test Results	
Select Add Test Result	Vaccinations Test Results	No test results reported.	
Select COVID19			Cancel Add Test Result Continue
Select Continue		D	*Test COVID19



Health and Safety– COVID19

Save
resting are not ay be
1 an

Select My Device and choose the file that contains your COVID19 test result documentation	Choose From	
abbamomation	File Attachment	×
Select Upload	Chose From Wy Device Upload Clear COVID Test File docx File Size: 29KB	
	L	



Health and Safety– COVID19

	File Attachment Done
	Choose From
Once the upload is complete, select	My Device
Done	COVID Test File.docx File Size: 29KB
	Upload Complete

	Cancel	Test Deta	ils	Save
		Test COVID19		
		*Date 10/19/2021		
		Result Negative		
	Attachments			
Coloct the	Add Attachment			
	Attachments ◊	Description ♦	Attached By \Diamond	1 row Attached On ≎
checkbox I Agree	COVID_Test_File.docx		Jim Smith	10/19/21 01:11:16 PM
text, select Save Your test result entry is now complete	Acknowledgement Ramsey County is committed to provide index of the subject to discipline, up to and in acknowledge that you have provided to the subject to discipline and in acknowledge that you have provided to the subject to the	protecting your privacy and ensuring that your private data is maintain and discourses of your private data and outlines your rights with regs sting results. However, if you do not provide your lessing data and all buding discharge. You may also be placed on unpaid leave status un lede information accurately and understand that providing incorrect thin I Agree	ed and disclosed appropriately. The Employee C rid to your private data. Your COVID-19 lesting is to participate in rodule COVID-19 screening les- rite di demonstrating compliance with policy requirem smattor could lead to discipline, up to and inclu 	CVID-19 Proof of Vaccination and Testing data is private data about you. You are not sing as required by the policy, you may be ments. By centifying below, you ding discharge.

	Health and Safety			
Select the '+' icon on the page to enter additional test results	Test Results			
	Date 🛇	Test \diamond	Status ♦	
	10/19/2021	COVID19	Recorded	>

Please review the Employee COVID-19 Proof of Vaccination and Testing Policy and the COVID-19 Employee Certification of Vaccination Status & Notice of Testing Requirements Policy.

If you have questions regarding this process, please email <u>ContactHR@co.ramsey.mn.us</u>.

Created/Updated October 19, 2021