



Health & Wellness Center

Instructions for Navigating The EU Health Portal

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Logging In

1. Click on the [EU Health Portal Link](#)
2. Log in using your Eastern University (EU) username and password (same as your email credentials):
 - o **Username:** firstname.lastname (all lowercase)
 - o **Password:** Your Eastern email password
3. This will take you to the homepage.

The screenshot displays the Eastern University Health & Wellness Center Portal. On the left is a vertical sidebar with the Eastern University logo at the top, followed by a list of navigation icons and labels: Home, Appointments, Immunizations, Uploads, Forms, Messages, Insurance, Education, Walkout Statements, and My Profile. Below this list, it says 'Current Clinic' and 'iHE Suzanne Walton SHC'. The main content area has a top header with a 'Locations and Hours' link and a user profile for 'Charlene Williams Williams'. The main heading reads 'Welcome to the Health & Wellness Center Portal!'. Below this, it states 'Through this portal, you can:' followed by a bulleted list of services: 'Schedule and manage your appointments', 'Enter and view your immunization records', 'Upload required health documents and any additional information you'd like your provider to have', 'Access online and downloadable health forms', 'Send and receive secure messages with Health & Wellness Center staff', and 'Explore educational resources and wellness materials'. At the bottom of the main area, a message says 'We're glad you're here, and we look forward to supporting your health and wellness journey!'.

Eastern University

Home
Appointments
Immunizations
Uploads
Forms
Messages
Insurance
Education
Walkout Statements
My Profile

Current Clinic
iHE Suzanne Walton SHC

[Locations and Hours](#) Charlene Williams Williams

Welcome to the Health & Wellness Center Portal!

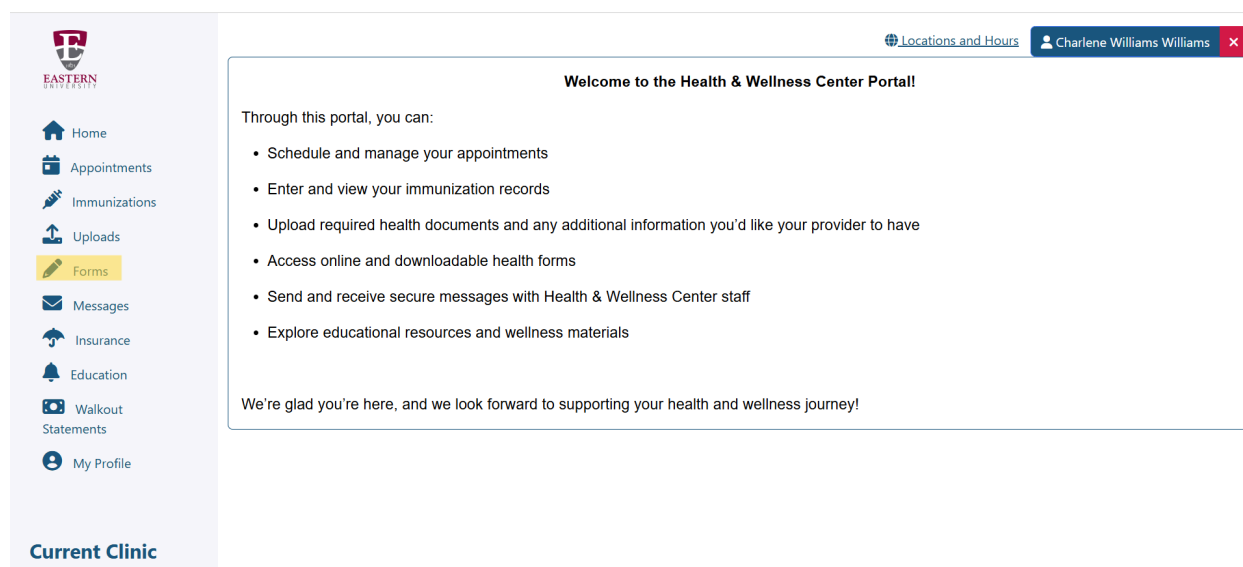
Through this portal, you can:

- Schedule and manage your appointments
- Enter and view your immunization records
- Upload required health documents and any additional information you'd like your provider to have
- Access online and downloadable health forms
- Send and receive secure messages with Health & Wellness Center staff
- Explore educational resources and wellness materials

We're glad you're here, and we look forward to supporting your health and wellness journey!

Downloading & Completing Forms

On the homepage, to the left, click on 'Forms'.



There are five forms that students are required to complete (Highlighted in yellow below). These are:

1. **Eastern University Medical History Form** * (complete all fields; type “none” or “n/a” if not applicable) - this is an online form to be completed through the portal.
2. **HIPAA Right of Access & Acknowledgement Form** - this is an online form to be completed by the student through the health portal.

3. **Immunization Record** - this is a form to be downloaded, completed, signed & dated by the student's Physician or Medical Provider, and uploaded to the health portal.
4. **Physical Exam** - this is a form to be downloaded, completed, signed & dated by the student's Physician or Medical Provider, and uploaded to the health portal.
5. **Tuberculosis Testing Form** (PPD Skin test, Quantiferon Gold blood test, or Chest X-Rays permitted)- this is a form to be downloaded, completed, signed & dated by the student's Physician or Medical Provider, and uploaded to the health portal.

The other forms are optional but important:

6. **Authorization for Release of Confidential Information:** Complete this form if you would like us to provide you with copies of all or specific health records stored in the Health Portal.
7. **Meningitis Vaccination Waiver** – Complete this if you have never received the meningitis vaccine.

8. **Vaccination Exemption Form** - Please download this form and have your medical provider or religious leader complete this form. Once the form is completed, please submit on the upload tab

Health Center Forms

[Authorization for Release of Confidential Info](#)
Complete this form if you would like us to provide you with copies of all or specific health records stored in the Health Portal.

[Eastern University Medical History Form*](#)
This form should be completed by ALL Incoming Students.

[Meningitis Vaccination Information Waiver Form](#)
Please complete this form if you are over 18 and have NOT received, or plan to receive at a later date, the Meningitis (ACWY) Vaccine. If there is a Meningitis outbreak on Campus, and you have waived this vaccination, you will be required to self isolate.

[HIPAA Right of Access & Acknowledgement Form](#)

[Immunization Record](#)
Please download this form, have it completed by your health care provider, then upload the completed and SIGNED form to the Upload Tab of this Portal.

[Physical Exam](#)
Please download this form, have it completed by your health care provider, then upload the completed and SIGNED form to the Upload Tab of this Portal.

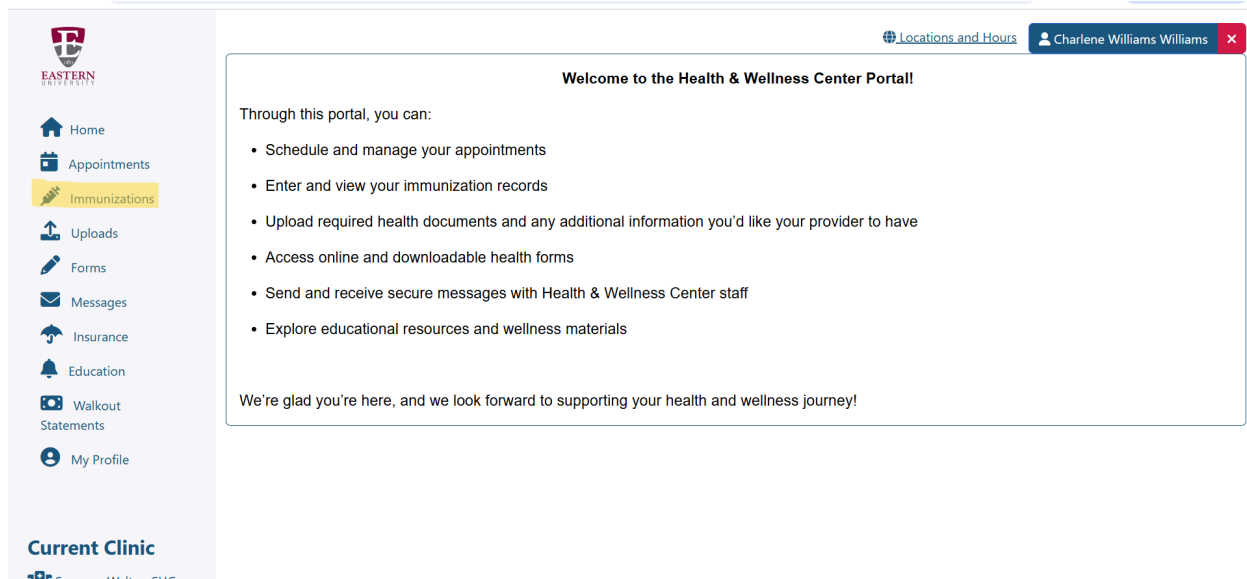
[Tuberculosis Testing Form](#)
Please download this form, have it completed by your healthcare provider, then upload the completed and SIGNED form to the Upload Tab of this Portal.

[Vaccination Exemption Form](#)
Please download this form and have your medical provider or religious leader complete this form. Once the form is completed, please submit on the upload tab

Immunizations

Once your physician has completed and signed the Immunization Form:

1. On the homepage, click **Immunizations**



2. Click **All Required** to open the dropdown menu.

Forms
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My Profile

From your copy of your immunization record, please enter the dates for the Required Immunizations below. Additionally, you may enter dates of any alternate vaccines if you have received any under those sections below. TITER Results are acceptable to prove immunity and may be uploaded [HERE](#).

The information listed below is the immunization information that Eastern University has on file for you.

After you have entered your immunization information online, **YOU MUST** upload a copy of your Immunization Record [HERE](#) so that the information can be verified. **You will not be considered compliant with the immunization requirements until you have completed this step.**

Print Verified

COVID Vaccine

All Required

Please select one from list below:

Alternates

Recommended

Submit

Entered Immunizations:

✓ Covid Vaccine Requirement
#1 05/01/2021
#2 06/05/2021

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From your copy of your immunization record, please enter the dates for the Required Immunizations below. Additionally, you may enter dates of any alternate vaccines if you have received any under those sections below. TITER Results are acceptable to prove immunity and may be uploaded [HERE](#).

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Print Verified

Hepatitis B Vaccine
Meningococcal (ACWY) Vaccine -- NOT MenB (Bexxero Or Trumenba)
MMR (Measle, Mumps & Rubella) Vaccine
Polio Vaccine (IPV/OPV)
Tdap (Tetanus, Diphtheria, Acellular Pertussis)
Varicella (Chicken Pox) Vaccine

Alternates

Recommended

Submit

Entered Immunizations:

✓ Covid Vaccine Requirement
#1 05/01/2021
#2 06/05/2021

3. Enter the dates for the six required immunizations.

4. Click **Submit**.

Status Indicators:

- **Yellow**: Submitted and pending review

- **Green:** Verified and approved
- **Red:** Missing or incorrect; click for details or check the **Messages** tab for feedback

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Print

Verified

COVID Vaccine

All Required

Please select one from list below:

Alternates

Recommended

Entered Immunizations:

✓ Covid Vaccine Requirement

#1 05/01/2021

#2 06/05/2021

Submit

Upload

Return to the homepage and click **Upload** (left menu or "Requirements" section).

Upload your completed documents in the following categories:

- Consent to Treat a Minor (if applicable)
- HIPAA Right of Access
- Immunization Record
- Insurance Card (front and back images)
- Medical Waiver (Vaccination Exemption + physician's letter)
- Physical Exam Form
- Tuberculosis Screening Results (PPD, Quantiferon Gold, or Chest X-ray)
- Religious Waiver (Vaccination Exemption + religious leader's letter)

Note: If your form has multiple pages (in the form of images), upload one page at a time.

Upload Documents	
*Insurance Card Back	Select File
*Insurance Card Front	Select File
Consent To Treat Minor Download Please use this form to upload your consent as a minor	Select File
Health Center Additional Documentation Please use this option to upload any outside medical forms	Select File
Hepatitis B Titer	Select File
HIPAA Right Of Access Form Download	Select File
Immunization Record	Select File
Measles Titer	Select File

Once uploaded, documents will appear under “**Documents Already on File.**” You may download them at any time by:

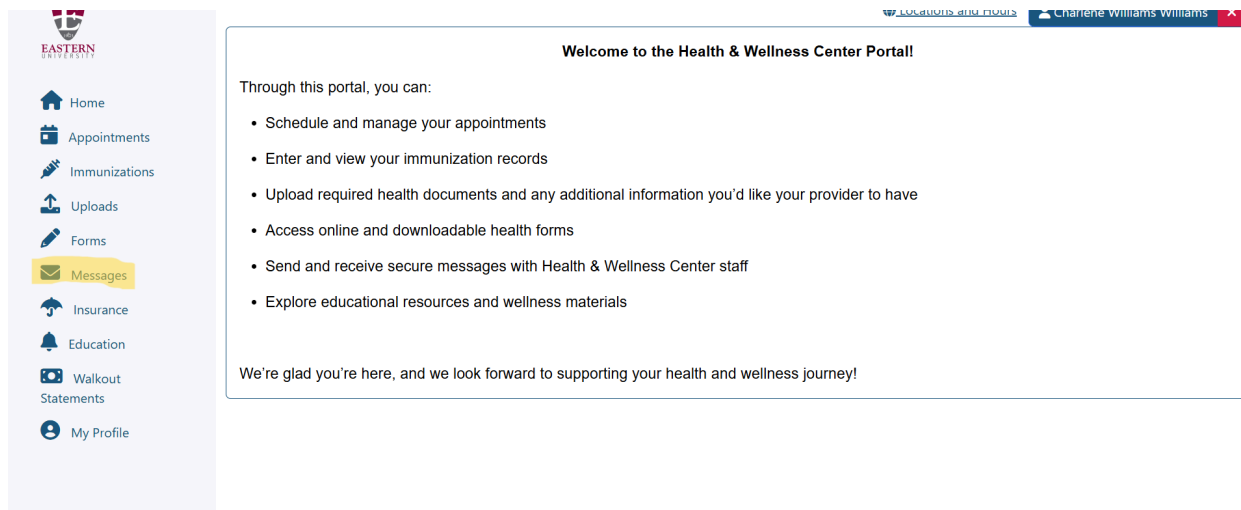
- Clicking **View File** (downloads to your device)
- Saving the file to your preferred folder

Varicella Titer	Select File
Documents already on file	
Religious Waiver received on 10/1/2025	
View File	
Physical Exam Form received on 5/8/2024	
View File	
Physical Exam Form received on 5/8/2024	
View File	
Athletics Additional/Outside Records received on 5/8/2024	
View File	
Insurance Card Back received on 5/8/2024	
View File	
Immunization Record received on 5/8/2024	
View File	
Immunization Record received on 4/27/2022	
View File	

Messages

The Health Center communicates through the **Messages** tab.

- You'll receive an alert via your Eastern Eagle Mail whenever we send a message.
- Once you see a message that says **"Profile Complete,"** all your forms have been received and verified.



Questions?

Contact us at healthcenter@eastern.edu or call 610-341-5955.