

## Screenshot Steps for Completing Occupational Medicine Forms and Questionnaires

**Note: Complete and submit within 30 minutes to prevent data loss, see last step to view final screen shot**

### 1. Log in to "MyUHS" [https://myuhs.uhs.wisc.edu/login\\_login.aspx](https://myuhs.uhs.wisc.edu/login_login.aspx)

**UHS** UNIVERSITY HEALTH SERVICES

If you have an active UW Madison NetID, please click the UW Madison NetID button to log in.

If do you not have a UW Madison NetID, please click the MyUHS username button.

If you are having difficulties logging in with either method, Please email us at [myuhs@uhs.wisc.edu](mailto:myuhs@uhs.wisc.edu)

[UW Madison NetID](#)

[MyUHS username](#)

### 2. One time only—two forms are to be completed

University Health Services at UW-Madison

Welcome,

**UHS** Home  
UNIVERSITY HEALTH SERVICES

You last logged in 6/3/2016 3:38:29 PM  
[Conditions of Use](#)

You have 6 unread secure messages. [\[Go to Messages\]](#)

**You Can Receive Text Message Appointment Reminders: [Enable Text Messages](#)**

Welcome to MyUHS

To protect your private health information **you must either log out of MyUHS or when finished in MyUHS**. Simply closing the MyUHS tab will NOT log you out.

Failure to do so may result in others being able to view your information.

Please click on "[Conditions of Use](#)" above for further instructions on using MyUHS.

[\[Advanced Options\]](#)

You are seeing this link because your patient record is configured as a testing record.

**3. Complete Occupational Medicine 1. Privacy Notice and Consent to Treat AND Occupational Medicine: 2. Authorization for Release of Occupational Health Records**

Click on the blue link(s) below to access the form(s). Once submitted the form will be marked "Completed".

Form Name	Status
<a href="#">ENTRANCE FORM: Personal Health History, Family Health History, Medications, Allergies</a>	✓ <b>Completed:</b> Submitted on: Tuesday, July 26, 2016 4:27 PM
<a href="#">ENTRANCE FORM: Immunizations</a>	Not Yet Complete: Please provide the requested information with special attention to the required fields.
<a href="#">ENTRANCE FORM: Personal Information</a>	Not Yet Complete: Please provide the requested information with special attention to the required fields.
<a href="#">MENTAL HEALTH: Access Questionnaire</a>	Not Yet Complete: Please provide the requested information with special attention to the required fields.
<a href="#">MENTAL HEALTH: Informed Participation Agreement</a>	Not Yet Complete: Please provide the requested information with special attention to the required fields.
 <a href="#">OCCUPATIONAL MEDICINE: 1. Privacy Notice and Consent to Treat</a>	✓ <b>Completed:</b> Submitted on: Friday, August 5, 2016 2:14 PM
 <a href="#">OCCUPATIONAL MEDICINE: 2. Authorization for Release of Occupational Health Records</a>	✓ <b>Completed:</b> Submitted on: Wednesday, May 13, 2015 11:21 AM
<a href="#">STUDENT: Privacy Notice and Consent to Treat</a>	✓ <b>Completed:</b> Submitted on: Monday, July 20, 2015 2:58

**4. To complete questionnaire, Select "Messages"**

University Health Services at UW-Madison

Welcome,



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[\[Advanced Options\]](#)  
You are seeing this link because your patient record is configured as a testing record.

- [Home](#)
- [Profile](#)
- [Appointments](#)
-  [Messages](#)
- [Forms](#)
- [Survey Forms](#)
- [Account Statements](#)
- [UHS Health Record](#)
- [Immunizations](#)

5. Select "New Message"

Welcome,

**UHS**  
UNIVERSITY  
HEALTH SERVICES

Secure Messages Inbox

New Message Refresh

Home	Read	From	Date	Subject
<a href="#">Profile</a>		ROBERTS, CRAIG M PA-C	5/23/2012 2:27 PM	<a href="#">READ IT</a> Test batch secure messag
<a href="#">Appointments</a>		RYAN, GERALD MD	5/23/2012 2:12 PM	<a href="#">READ IT</a> test secure message
<a href="#">Messages</a>		Ann Reynolds, RN	8/12/2011 11:47 AM	<a href="#">READ IT</a>
<a href="#">Forms</a>		Molly K Kloehn, Monika	11/4/2010 4:19 PM	<a href="#">READ IT</a> referral follow up
<a href="#">Survey Forms</a>		Gutkowska, Psy.D.	8/13/2010 10:45 AM	<a href="#">READ IT</a>
<a href="#">Account Statements</a>		Mary E Fitzpatrick, MS	8/13/2010 10:44 AM	<a href="#">READ IT</a>

6. Select Role "I am ..."

Welcome, Itsy Spyder | L

**UHS**  
UNIVERSITY  
HEALTH SERVICES

In addition to students and their domestic partners, UHS provides select services to employees.  
PLEASE CHOOSE FROM THE OPTIONS BELOW SO WE CAN DIRECT YOUR MESSAGE TO THE APPROPRIATE SERVICE

Select One

- I am a UW Student or Domestic Partner
- I am a UW Employee, Affiliate or Contract Worker
- I am a University Health Services (UHS) Employee

Continue Cancel

7. **Select appropriate Questionnaire**

**UHS**  
UNIVERSITY  
HEALTH SERVICES

Please CHOOSE THE QUESTIONNAIRE you need to complete from the list below.  
Or, CHOOSE SEND A MESSAGE to the Occupational Medicine Clinic to request information regarding what you need to complete or if you require assistance

The OCCUPATIONAL MEDICINE PRIVACY AND CONSENT FORM and the AUTHORIZATION FOR RELEASE OF OCCUPATIONAL HEALTH RECORDS FORM must be completed and submitted in the FORMS tab of MyUHS (click "CANCEL" to return to the home page and select "FORMS" from the list on the left.

QUESTIONNAIRES completed in this area are submitted directly to Occupational Medicine.

- RESPIRATOR MEDICAL EVALUATION QUESTIONNAIRE (complete and submit)
- ANIMAL CONTACT RISK ASSESSMENT QUESTIONNAIRE (complete and submit)**
- OM LASER OPERATOR QUESTIONNAIRE (complete and submit)
- OCCUPATIONAL MEDICINE PRIVACY AND CONSENT FORM (completed in "FORMS")
- AUTHORIZATION FOR RELEASE OF OCCUPATIONAL HEALTH RECORDS FORM (completed in "FORMS")
- SEND A MESSAGE to the Occupational Medicine Clinic

Continue Cancel

8. **Complete Questionnaire**

**PART D: CERTIFICATION SIGNATURE**

**\*\*ACKNOWLEDGEMENT OF FORM COMPLETION**

- I have read the information provided on this form.  
**\*\***
- I have completed this form to the best of my recollection.  
**\*\***
- I am aware that deliberate misrepresentation may jeopardize my health.

**\*\*NAME**

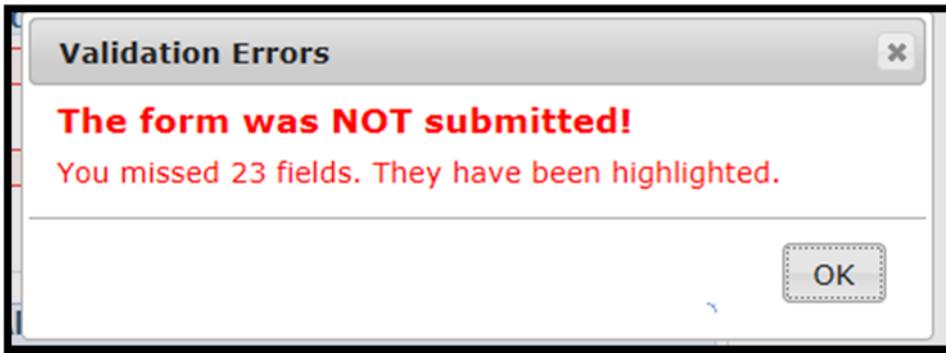
**\*\*DATE**

**REMINDER: MyUHS has a time out feature. It is recommended that you complete all required steps in a continuous session. You must click "Send" below to submit your questionnaire.**

6-25-15

Send Cancel

9. If needed, correct errors



10. Confirmation of submission

