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### Overview

Medicat is used to securely exchange information between health services, students and the health clinic.

• This user-friendly guide will make it easier to use the Medicat student portal effectively.

WHAT'S INSIDE
 Step-by-step instructions on how to access and print immunization records, scan and upload of immunization records, enter insurance information, and access to health information and campus resources will be provided.

## **Getting Started**

Welcome! You will need to sign in on to Medicat, https://njit.medicatconnect.com/ to get started.

When you login to the Patient Portal you will see a welcome message on the home page. Across the top of the welcome message is the navigation bar. Below is a summary of each navigation tab to help you input and upload all required documentation.



### Immunizations Tab

On the navigation bar, Immunization Tab has a drop-down menu. Select **"Enter Dates"** to enter the individual dates for required immunizations. You must enter dates and upload a copy of your immunization record in order to be compliant with immunization requirements.

If you were vaccinated in New Jersey, your immunization records may already be on file. Selecting **"View History"** will show you what immunizations are currently on file as well as your status as compliant or not. Please view history prior to enter data to ensure you are not inputting the same information.

🋠 Home	안 Immunizations 👻 🕈 Insurance	I Forms ■ Messages	Leducation	<b>土</b> Upload	
The inforr uploading contacted	nation listed below is the immu . It may take several weeks fo by a Health Services staff me	inization information that r Health Services staff t mber only if there is a c	at is on file for o review and uestion or if y	you. Your records w validate the informat you are missing a rec	vill be pending for review after ion you submit. You will be quirement.
🖨 Print		Overall Status: Veri	ied		
Missing Imm	unization		Reason Not	Compliant	
Item On File	Dat	e Received		Status	Historical

If not you were not vaccinated in New Jersey, you will need to enter the data online manually and upload documentations of your immunizations/health requirements. The data you entered won't be validated without the necessary documentation. At the top, click the drop down arrow next to Immunization, select **"Enter Dates"**. You are able to enter one or all immunizations then click the submit button once.

se enter the dates for the immunizations below. Please enter each immunization only once. If you were vaccinated in New Jersey, your immunization records may already be on file. Check your file by clicking on 'Immunization' then choosing 'View History' from the drop-down menu. You do not need to submit a record for immunizations that are already on file. See click Immunizations>History to view what we have on file or you can click the "print" button to view as well. easles, Mumps, Rubella Requirement "MMR Vaccine Dose 1 mm/dd/yyyy Measles Immunization Dose #1 mm/dd/yyyy				
If you were vaccinated in New Jersey, your immunization records may already be on file. Check your file by clicking on 'Immunization then choosing 'View History' from the drop-down menu. You do not need to submit a record for immunizations that are already on file see click Immunizations>History to view what we have on file or you can click the "print" button to view as well.          easles, Mumps, Rubella Requirement       Enter one or all immunizations and then click the Submit button once.         *MMR Vaccine       Submit         Dose 1       mm/dd/yyyy         @         Measles Immunization Dose #1       mm/dd/yyyy	se enter the	dates for the immunizations belo	w. Please enter each immunization only once	ł.
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*MMR Vaccine   Dose 1   mm/dd/yyyy     Dose 2   mm/dd/yyyy     Measles Immunization Dose #1	easles,	Mumps, Rubella Requ	irement	Enter one or all
*MMR Vaccine Dose 1 mm/dd/yyyy Dose 2 mm/dd/yyyy Measles Immunization Dose #1 mm/dd/yyyy				immunizations and then clic the Submit button once.
Dose 1 mm/dd/yyyy     Dose 2 mm/dd/yyyy     Measles Immunization Dose #1				
Dose 2 mm/dd/yyyy   Measles Immunization Dose #1  mm/dd/yyyy	*MMR Va	accine		🕒 Submit
Measles Immunization Dose #1	*MMR Va	mm/dd/yyyy		🖺 Submit
Measles Immunization Dose #1	*MMR Va	mm/dd/yyyy mm/dd/yyyy		🖺 Submit
mm/dd/yyyy	*MMR Va	mm/dd/yyyy mm/dd/yyyy		🖺 Submit
	*MMR Va Dose 1 Dose 2 Measles	mm/dd/yyyy mm/dd/yyyyy Immunization Dose #1		P Submit
	*MMR Va Dose 1 Dose 2 Measles mm/dd/	mm/dd/yyyy mm/dd/yyyy Immunization Dose #1		P Submit

To upload your file, you can select the upload tab in the navigation bar at the top or at the bottom right of your homepage screen in the "To Do List" section click the **"Upload"** icon.



Scroll down to the drop-down menu and select type of document you will be uploading, e.g., "Immunization History ", "Chest X-Ray". The list of acceptable document types is provided below.

Click **Select File** to browse your computer for the document you will upload and click Upload.

Please make sure you upload all the required forms.

眷 Home ♡Immunizations - ㅎ Insurance 篇 Forms
Instructions
Only upload each document once.
<ul> <li>Browse to your file. It must be smaller than 4MB. Scan in black and white, or at a setting of 150 DPI to achieve a smaller file.</li> <li>Click Upload. Your records will be pending for review after uploading. We (Student Health Services) will review and update your healthforms in the order received.</li> </ul>
pes of Documents that may be uploaded:
nvid Report
DVID Vaccine Record
RA
imunization History
b Titers For Immunizations
edical Exemption
PD Results
ligious Exemption
ioose document you are uploading:
Immunization History
ease upload your NJIT Immunization records

Select File

Documents already on file

Your file will be listed with the date it was submitted in the section titled "Documents already on file."

Select File	
Documents already on file	
Immunization History received on 4/11/2023	View File

#### Insurance Tab

To add your current health insurance information, go to the top of the page and click on insurance. Next click on "**Add New**' and add the necessary information.

Please enter your insurance information. You may take a picture of your card and upload it to the Student Portal. You must bring your insurance car with you each time you visit Health Services.		
dd New Sew Insurance Insurance Company*  Policy Number *  Policy Number  Group Number  Upload Card  Front Back	ease enter your insurance information th you each time you visit Health Serv	n. You may take a picture of your card and upload it to the Student Portal. You must bring your insurance ca rices.
Insurance   Insurance Company*   Image: Company Company   Policy Number *   Policy Number   Group Number   Group Number   Upload Card   Front	dd New	
Insurance Company*  Policy Number *  Policy Number  Group Number  Upload Card  Front Back	lew Insurance	
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Policy Number <b>*</b> Policy Number Group Number Upload Card Front Back		~
Policy Number Group Number Upload Card Front Back	Policy Number 🌟	
Group Number Group Number Upload Card Front Back	Policy Number	
Group Number Upload Card Front Back	Group Number	
Upload Card       Front       Back	Group Number	
Front Back	Upload Card	
	Front Back	
Policy Holder Information	Policy Holder Informat	tion

Please make sure you upload the front and back of the card. Once the information is entered, select "**Add**" at the bottom on the page.

#### Forms Tabs

Required forms that must be completed online are identified with a red asterisk (Tuberculosis Questionnaire, Meningitis Questionnaire, Meningococcal Disease Education, and Consent for Treatment ).

You may view and download health forms under this tab as well. Forms are also available on the Health Services website.

#### Forms

Meningitis Questionnaire - New Jersey\* All incoming students must complete this form.

**Tuberculosis Questionnaire** All students must complete this form.

Meningococcal Disease Education Form Please click on the form. I have acknowledge that I have received and read the information contained in the form.

#### Message Tab

This is where you will find secure messages from Health Services staff regarding record compliance or missing documents. If you are seen for a health services visit, this is where follow-up messages from your provider will go, such as lab results. You can also send messages that are secure and confidential to the health services providers from this tab.

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    Home ♥Immunizations 

            Insurance I Forms ▲ Messages ▲ Education ▲ Upload

    Please call NJIT Student Health at 973-596-3621or 3697 for any questions. If you are experiencing a Medical Emergency call 911. Non-emergencies call Campus Safety at 973-596-3111.
    Inbox ▲ Sent
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#### **Education Tab**

This tab access information sheets about common health conditions affecting young adults.



Chlamydia	
Free STI testing sites	
Genital Herpes	
Gonorrhea	
HPV for women	
HPV information	
HPV information for men	
Syphilis	
Trichomonas	
HIV basic information	
Preventing HIV	

If you are experiencing any issues please contact health services at healthservices@njit.edu.