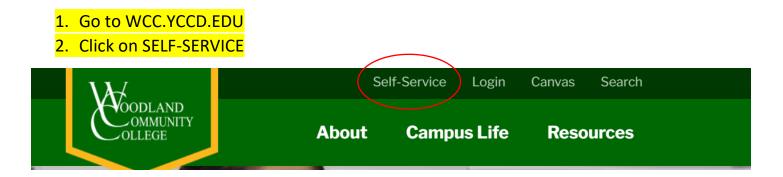
# Process to Comply with YCCD COVID-19 Policy

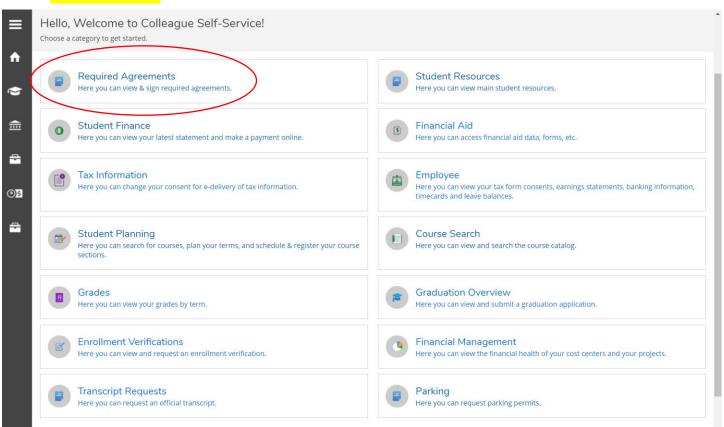


# 3. Log in using your YCCD credentials:

- a. Your WCC student ID number is the first letter of your last name followed by a 7-digit number (i.e., A0123456). If you are unable to find it in your email, you can retrieve it <u>HERE</u>.
- b. If this is your <u>first time</u> logging into our YCCD systems, your default password will be as follows:
  - i. First letter of your legal first name (Uppercase)
  - ii. + First letter of your legal last name (Lowercase)
  - iii. + Last 4 digits of your Social Security Number Note: (if no SSN was provided on the college application, then use last 4 digits of WCC Student ID #)
  - iv. + 2-digit designation of your birth month (e.g., April = 04)

Username	
Password	
	YUBA COMMUNITY COLLEGE DISTRICT
Login	Set Password Forgot Password?

# Once logged in, you will land on the WCC Self-Service Home Menu. Click on REQUIRED AGREEMENTS.



# Click on COVID-19 Notice of Risks. Read the notice and click accept. <u>High school</u> students will only see the first two agreements.

≡	Self Service TEST v2.30 Yuba College						<b>A</b> C0292017	(→ się	n out	⑦ Help
♠	Options · Required Agreements									
۲			SysTEST instanc Last Updated: 2/16,							
≞	Required Agreements									
<u>©)</u> \$	Title	Ŷ	Agreement Period	^ *	Due Date	^ ~	Status	÷	Action	
-	COVID-19 Vaccination and Testing Information		2022SP Agreement Period		5/27/2022		Accepted 10/13/2021		<u>View</u>	
(3)	COVID-19 Notice of Risks		2021SP Agreement Period		5/28/2021		Accepted 10/29/2020		<u>View</u>	
	10 Days to Pay Policy		2021SP Agreement Period		5/28/2021		Accepted 1/9/2021		<u>View</u>	
-	Student Health Fee - \$10		2021SP Agreement Period		5/28/2021		Accepted 1/9/2021		<u>View</u>	
	Student Representation Fee - \$2		2021SP Agreement Period		5/28/2021		Declined 1/9/2021		<u>View</u>	
	Cal Grant Notification		2021SP Agreement Period		5/28/2021		Accepted 1/9/2021		<u>View</u>	
			ucian Company L.P. and its affiliate: ~ SSS-v230-TEST-YC ( v2-30-build-2		eserved. <u>Privacy</u>					

≡	Self Service TEST v2.30 Yuba College		<b>A</b> C0292017	〔→ Sign out	⑦ Help
♠	Options · Required Agreements				
		COVID-19 Notice of Risks X			
۵		Accepted 10/29/2020 6:04 PM			
Ē	Required Agreements	NOTICE OF RISKS AND PROTOCOLS FOR STUDENTS REGARDING COVID-19			
<b>()</b> \$	Title	determine that they wish to continue their statics, which may expose	Status	Ç Action	
8	COVID-19 Vaccination and Testing Information	them to individuals who have developed or are receiving treatment for COVID-19. All students should be aware that they are at risk of exposure to the virus that causes COVID-19.	Accepted 10/13/2021	View	
۲	COVID-19 Notice of Risks	The District provides the following targeted guidance about COVID-19 safety to its students to allow them to consider risks and take certain	Accepted 10/29/2020	View	
	10 Days to Pay Policy		Accepted 1/9/2021	View	
-	Student Health Fee - \$10		Accepted 1/9/2021	View	
	Student Representation Fee - \$2		Declined 1/9/2021	View	
	Cal Grant Notification	o By attending Yuba Community College District, students may knowingly or unknowingly transmit the COVID-19 virus to family members in their home or to with whom they have close contact.	Accepted 1/9/2021	<u>View</u>	
		o Students attending Yuba Community College District may expose and potentially transmit the virus that causes COVID-19 to others, and thus may place young children, elderly or immunocompromised family members and others they come in contact with at high risk for infection and ""			
		Illness.			

 Click on COVID-19 Vaccination and Testing Information. Read the notice and click on GO HERE to submit your vaccination or testing documentation. This will take you to the Confidential Medical Information Authorization (CMIA) page.

≡	Self Service TEST v2.30 Yuba College		<b>ይ</b> C0292017	〔→ Sign out	⑦ Help
♠	Options · Required Agreements				
		COVID-19 Vaccination and Testing Information			
۲		Accepted 10/13/2021 6:08 PM			
ŧ	Required Agreements	COVID-19 Vaccination and Testing Information			
C)E	Title	I understand that on September 9, 2021 the Yuba Community College District Board of Trustees adopted Resolution No. 21-56 requiring all faculty, staff, administrators, and volunteers, effective December 1,	us	Ç Action	
2	COVID-19 Vaccination and Testing Information	2021, and all students, effective January 24, 2022, to be fully vaccinated against COVID-19 or submit to weekly testing in order to be physically present on any district owned or controlled premises for an	epted 10/13/2021	View	
۲	COVID-19 Notice of Risks		epted 10/29/2020	View	
	10 Days to Pay Policy	Acc	epted 1/9/2021	View	
2	Student Health Fee - \$10		epted 1/9/2021	View	
	Student Representation Fee - \$2	documentation Dec	clined 1/9/2021	View	
	Cal Grant Notification	face covering over the mouth and nose, regardless of vaccination	epted 1/9/2021	View	
		status, in all indoor district settings, as long as circumstances dictate. Students who do not access face-to-face instruction or services are not covered by this policy unless or until an individual student meets the requirements, above.			
		Use of the Information:			
		Cancel			

Campus Life Resources

About

# **Confidential Medical Information Authorization**

## Authorization for Yuba College

#### Confidentiality of Medical Information Act ("CMIA"), Civil Code §§ 56.20, 56.21.

Pursuant to California's Confidentiality of Medical Information Act, I, , authorize the Yuba Community College District ("District") to use and disclose information regarding my COVID-19 vaccination status or COVID-19 test results for legitimate, non-discriminatory business purposes where my vaccination status is necessary for the District to make business or work-related decisions authorized by or in order to comply with federal, state, or local law or regulation or District policy or protocol that takes a person's vaccination status or COVID-19 test results into account.

Specifically, I authorize the District to use and disclose this information for the purposes provided under the Cal/OSHA COVID-19 Regulations (8 C.C.R. §§ 3205-3205.4), including, decisions regarding the use of face coverings and my presence on campus. Additionally, I authorize the District to disclose the medical information described in this authorization to any facility/partner providing clinical/practicum experience necessary for my program of study.

### This authorization is limited to the following types of information:

Information regarding my COVID-19 vaccination status or results of tests administered to detect the presence of the COVID-19 virus (SARS-CoV-2).

#### I authorize the District to use this information for the following purposes:

1. For legitimate, non-discriminatory business purposes where information regarding my vaccination status is necessary for the District to make business and operational-related decisions authorized by or in order to comply with federal-state, or local laws or 7. Once you have read the terms, scroll down on the Confidential Medical Information Authorization (CMIA) page to select if you agree or do NOT agree with the terms of the CMIA. If you mark that you agree, please provide your full name and your College (WCC Student) ID. Click submit once you have completed the information requested.

I authorize the parties specified to disclose information regarding my COVID-19 vaccination status in the manner specified above through June 30, 2023

#### Right to receive a copy of this authorization:

I understand that if I sign this authorization, I have the right to receive a copy of this authorization. Upon request, the District will provide me with a copy of this authorization.

I authorize the limited uses and disclosures of my medical information as described above for the purposes listed above. I understand that this authorization is voluntary and that I am signing this authorization voluntarily.

My Name: Devin Crosby Date: 10/15/2021 College ID: 0292017

I agree to the above terms authorizing Yuba Community College District to collect and disclose information regarding my COVID-19 vaccination and testing results as stated above.

Enter your full name as listed above:

Enter your College ID:

□ I DO NOT agree to the above terms. I understand that by not providing proof of vaccination or agreeing to weekly COVID-19 testing I will only be able to register for fully online courses and must utilize online student services.

#### Submi

I authorize the parties specified to disclose information regarding my COVID-19 vaccination status in the manner specified above through June 30, 2023

#### Right to receive a copy of this authorization:

I understand that if I sign this authorization, I have the right to receive a copy of this authorization. Upon request, the District will provide me with a copy of this authorization.

I authorize the limited uses and disclosures of my medical information as described above for the purposes listed above. I understand that this authorization is voluntary and that I am signing this authorization voluntarily.

My Name: Devin Crosby	Date: 10/15/2021	College ID: 0292017
	is authorizing Yuba Community ( OVID-19 vaccination and testing	College District to collect and disclose g results as stated above.
Enter your full name as liste	d above: Devin Crosby	
Enter your College ID: 0292	017	

□ I DO NOT agree to the above terms. I understand that by not providing proof of vaccination or agreeing to weekly COVID-19 testing I will only be able to register for fully online courses and must utilize online student services.

Submit

You will now be directed to the Vaccination and Testing Documentation page. Here you should see that your CMIA is complete, and you will be able to upload a picture of your vaccination documentation or COVID-19 Test Results. Click on Upload Vaccination
 Documentation OR Upload COVID-19 Test Results to be directed to the upload page.
 Complete the information requested and upload your document/picture. Once you are done uploading, click on Upload File & Save File.

If you are registering for face-to-face classes, you must submit your vaccine or recent testing documentation, before 5pm on January 21, 2022. If you do not provide vaccination or testing documentation by the deadline, you will be dropped from your face-to-face courses. COVID-19 tests must be administered within 72 hours of the January 21st deadline. If you are registering for classes after January 21st or have signed up for late start classes, you must provide vaccination or testing documentation prior to attending class in person.

# Step 1: Complete your CMIA

View and download CMIA CMIA Status: Completed on: 10/15/2021

# Step 2: Provide proof of vaccination or testing

Upload Vaccination Documentation Vaccination Status: Not Vaccinated

Or



Enter your vaccine type and last vaccination date, AND upload an image of the front of your vaccine card. Your self-reported information will be manually verified. We will only accept unaltered and complete vaccination cards. All fields must be visible and unedited. Information on how YCCD maintains the data obtained as a result of your self reporting can be found on the YCCD website (link to come).

## Please upload your proof of vaccination below

Once proof is verified by contact tracers

- If you are a currently student (Fall 2021), you will qualify for the vaccination incentive
- If you plane to enroll for the Spring, 2022 semester, you will qualify for the vaccination incentive after the spring census date.

#### Indicate Vaccine Type

--Select One--

Date of Final (last) Vaccination: mm/dd/yyyy

How to upload a file

the data obtained as a result of your self reporting can be found on the YCCD website (link to come).

### Please upload your proof of vaccination below

Once proof is verified by contact tracers

- If you are a currently student (Fall 2021), you will qualify for the vaccination incentive
- If you plane to enroll for the Spring, 2022 semester, you will qualify for the vaccination incentive after the spring census date.

Indicate Vaccine Type

Select One		~	
Date of Final (last) Vaccination: mm/dd/yyyy			
How to upload a file			
Step 2: A Click on "Choose File" button below. Select the your COVID-19 test results, date and location.	image or pdf file from your d	levice confirming	
Upload proof of vaccination: Select file			
Choose File No file chosen			
Accepted file types: "pdf", "jpg", "png", " HEIC", "jpeg", "gif". Upload File & Save File			

# 9. If uploaded correctly, you should see your **Vaccination Status or your Testing Status** switch to yellow while it is awaiting verification.

## vveicome, Devin

If you are registering for face-to-face classes, you must submit your vaccine or recent testing documentation, before 5pm on January 21, 2022. If you do not provide vaccination or testing documentation by the deadline, you will be dropped from your face-to-face courses. COVID-19 tests must be administered within 72 hours of the January 21st deadline. If you are registering for classes after January 21st or have signed up for late start classes, you must provide vaccination or testing documentation prior to attending class in person.

## Step 1: Complete your CMIA

View and download CMIA CMIA Status: Completed on: 10/15/2021

# Step 2: Provide proof of vaccination or testing

	Upload Vaccination Documentation
	Vaccination Status: Vaccination documentation uploaded, awaiting verification
C	r

Upload COVID-19 Test Results

Testing Status: Test results uploaded: 10/15/2021, awaiting verification



# 10. If you mark that you DO NOT agree to the CMIA terms, you will be prompted with a message saying you will only be able to register for fully online classes.

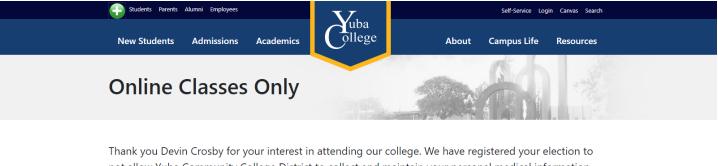
I authorize the parties specified to disclose information regarding my COVID-19 vaccination status in the manner specified above through June 30, 2023

### Right to receive a copy of this authorization:

I understand that if I sign this authorization, I have the right to receive a copy of this authorization. Upon request, the District will provide me with a copy of this authorization.

I authorize the limited uses and disclosures of my medical information as described above for the purposes listed above. I understand that this authorization is voluntary and that I am signing this authorization voluntarily.

My Name: Devin Crosby	Date: 10/15/2021	College ID: 0292017
	s authorizing Yuba Community OVID-19 vaccination and testin	College District to collect and disclose g results as stated above.
Enter your full name as liste	d above:	
Enter your College ID:		
	9 testing I will only be able to	y not providing proof of vaccination or register for fully online courses and must
Submit		



Thank you Devin Crosby for your interest in attending our college. We have registered your election to not allow Yuba Community College District to collect and maintain your personal medical information related to COVID-19 vaccination and testing pursuant to Civil Code §§ 56.20, 56.21. This election will limit the courses you may register for to only those offered completely online.



11.It is <u>very important</u> that as a last step you go back to the REQUIRED AGREEMENTS screen and accept the **COVID-19 Vaccination and Testing Information** agreement if you have not done so yet. Once you have completed all required agreements, you will be ready to register for classes at your registration time. If you have any questions, you may contact the Help Desk at (530) 741-6981 or at helpdesk@yccd.edu.

≡	Self Service Yuba College		<b>A</b> C0292017	〔→ Sign out	⑦ Help
÷	Options · Required Agreements				
	A Required Agreements	COVID-19 Vaccination and Testing Information			
Ê	Titie	COVID-19 Vaccination and Testing Information		C Action	
-	COVID-19 Notice of Risks	I understand that on September 9, 2021 the Yuba Community College District Board of Trustees adopted Resolution No. 21-56 requiring all faculty, staff, administrators, and volumeers, effective December 1. Incomplete		View	
03	COVID-19 Vaccination and Testing Information	2021, and all students, effective January 24, 2022, to be fully vaccinated against COVID-19 or submit to weekly testing in order to be physically present on any district owned or controlled premises for an		View	
٩	10 Days to Pay Policy	extended amount of time, and/or participate in any district activity for an extended amount of time.		View	
â	Student Health Fee - \$10 Student Representation Fee - \$2	GO HERE to submit your vaccination or testing		View	
	Cal Grant Notification	GO HERE to submit your vaccination or testing         Incomplete           documentation         Incomplete		View	
		All students, volunteers, faculty, and staff will continue to wear a face covering over the mouth and nose, regardless of vaccination status, in all indoor district settings, as long as circumstances dictate. Students who do not access faceto-face instruction or services are not covered by this policy unless or until an individual student meets the requirements, above.			
		Use of the Information:			
		We will use the information in Tracker to mitigate the risk of spread of COVID-19 consistent with applicable public health guidance.			
		Cancel Accept	_		