COVID-19 AND INFLUENZA
RELEASE OF INFORMATION

How to Access and Sign
Visit shs-portal.temple.edu/login.aspx and use your access net username and password to login.

**Welcome to the TU Online Health**

You may login using your Temple Accessnet UserName and Password.

- Employees and Students may both schedule Flu Shot Appointments online.
- For Flu Shots, go to Appts then select Clinic: Flu Shot Clinic or HSC Flu Shot Clinic, Ambler Flu Shot Clinic, Reason: Flu Shot and Provider: Test Schedule.

- Covid-19 Testing is Currently only available online for Students. Employees should call 215-204-2679.
- For Covid-19 tests Morgan Hall, go to Appointments. Please select Clinic: 3. COVID-19 Test Center (Morgan Hall), Reason: Covid-19 Saliva Test (if you have NO symptoms) or Covid-19 Nasal Test (if you have symptoms) and Provider: Tester3.

- To Upload Covid test results done outside of Student and Employee Health Services, please go to the Upload tab and select "Covid-19 Lab Test Results"

Once logged in you will have access to online services such as:

- Schedule TeleHealth appointments (Students only)
- Submit Insurance information
- In-person appointments must be scheduled over the phone: Students call (215) 204-7500 and Employees call (215) 204-2679
- Secure communication with your Provider
- Immunization data entry
- Upload documents
- Print Walkout statements

**If you are experiencing a medical emergency (chest pain, severe abdominal pain, shortness of breath, signs of a stroke etc.), you should dial 9-1-1, or go to the nearest Emergency Room.**

We are committed to protecting your personal information. Data that you provide cannot be viewed by anyone else on the Web. We do not share your information with anyone else.
Select **Forms**.

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If you have tested positive or have been exposed and instructed by Student Health to complete a monitoring questionnaire or symptom tracker, please click COVID-19 tab.
Select Medical Release Covid-19.

HSC Forms

Waiver Form for Meningitis (HSC)
Please answer the question and submit.

Medical Release

Medical Release Covid-19
Please read, select your school and then answer the consent question at the bottom of the form.

Online Forms

*Texting Opt-in/Opt-out*
Please complete to Opt-In for receiving Text messages from Student Health Services.
Select Temple University, College of Public Health from the drop-down. Select the Agree option from the next drop-down and then Submit.

I authorize medical records to be released from Temple University-Student and Employee Health Services (1700 N. Broad St., 4th Floor, Philadelphia, PA 19121 215-204-7500) to release information to: Temple University, College of Public Health.

Specific information to be released includes: COVID-19 Testing Results, Immunization History, Influenza vaccine.

I understand that any information disclosed in response to this request will NOT include information related to my treatment for HIV/AIDS, mental health, alcohol and/or substance abuse. This information is being shared to facilitate my enrollment in clinical education at Temple University.

The Specified Date, event, or condition upon which this consent will expire unless revoked at an earlier date/time is 6/30/2021.

I understand that my records are protected under the Federal Privacy Act PL 93-575, the Federal Alcohol and Drug Abuse Act PL 92-282, the Pennsylvania Mental Health Procedures Act, 1976, and the Pennsylvania Confidentiality of HIV-Related Information Act, and therefore cannot be disclosed without my written consent unless otherwise provided for in the regulations. Under the Mental Health Act, to the extent these records are sought, this authorization expires one (1) month from the date of my signature. Under the Federal Alcohol and Drug Abuse Act, this authorization, to the extent these records are sought, shall become void ninety (90) days from the date of my signature.

In addition, I understand that I may revoke this authorization (except to the extent that action has been taken in reliance thereon) at any time by written, dated communication to the above offices and/or my consent automatically expires under the circumstances previously described.