

Specify whether you are a Student or a Non-Student.



Click "Student - Staff - Faculty" to login

Please enter your Bengal username and password.

Username:

Password:



Please login using your university-assigned username and password.

Login using BengalWeb username and password

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I would like to...

SCHEDULE A MANDATORY COVID-19 TEST

View My Lab Results

During the Spring 2021 semester, Idaho State will require all members of the University community with a consistent on-campus presence to undergo two non-invasive, saliva-based COVID-19 screenings. The two screens will be required in the early weeks of the semester. **The first required screen must be completed between January 6 and January 14. The second required screen must be completed between January 15 and January 22. Individuals should schedule their appointments at minimum 5 to 7 days apart.**

Idaho State's screening program is for people who have no symptoms and no known COVID-19 exposure. This is done to identify individuals who may be asymptomatic COVID-19 carriers, so we can take precautions to limit the spread to others. If you have symptoms or have been exposed, complete a [COVID-19 self-reporting form](#).

After scheduling your appointment, be sure to check your email for important follow-up information.

Exemptions and Deferrals

You may be exempt from participating in the screening program at this time if you meet any of the following criteria. Please complete the appropriate online form below.

- I am a student taking only distanced-based classes and will not have a physical on-campus presence. [Online Form](#)
- I am an employee who works entirely remotely and will not have physical interaction with other campus community members. [Online Form](#)
- Have a sincerely held religious belief that prevents your participation in the screening program. [Online Form](#)
- [Individuals may defer the screening for up to two weeks if any of the following apply:](#)

Not feeling well for a reason other than suspected COVID-19, such as recovering from surgery, flu, strep throat, etc., so long as individuals will not be physically on-campus during this timeframe.

Not available due to vacation, travel, or other time off

Currently in quarantine or a close contact of someone with COVID-19

On the left-hand side of the page, click on the “Medical Clearances” button

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Medical Clearances for

Overall Clearance Status: ⊗ Not Satisfied**Insurance Information:** None

Items required for clearance:

Clearance	Status	Details
Consent for Treatment	⊗ Not Compliant	No Data ⓘ
COVID Test 1-January 6-14	⊗ Not Compliant	No Data ⓘ
COVID Test2-January 15-22	⊗ Not Compliant	No Data ⓘ
Notice of Privacy Practice 2020	✔ Compliant	Satisfied ⓘ

Additional items NOT required for clearance:

Clearance	Status	Details
TELEVISIT CONSENT	⊗ Not Compliant	No Data ⓘ

Click "Update" for the COVID Test 1 January 6-14 clearance

COVID-19



Instructions:

Step 1: Upload the required documentation below indicating your compliance with the one of the requirements listed below.

- If you have received a full course of the vaccine, you will submit documentation of a full course of an FDA authorized COVID-19 vaccination.
- If you have had COVID-19 in the last 180 days, you will submit documentation of a positive COVID-19 rapid antigen or PCR test in the 180 days prior to January 6.
- If you are being screened by another provider, you will submit documentation of a negative rapid antigen or PCR test performed during the specified testing window at an outside provider.

Step 2: Scroll down and input your information in the appropriate section.

Please note, you will leave blank the sections below that do not apply to you.

COVID-19 Test Results Upload



Please upload a copy of your test results

Click “Upload” and submit the documentation required whatever scenario applies to you:

If you have received a full course of the vaccine, you will submit documentation of a full course of an FDA authorized COVID-19 vaccination.

OR

If you have had COVID-19 in the last 180 days, you will submit documentation of a positive COVID-19 rapid antigen or PCR test in the 180 days prior to January 6.

OR

If you are being screened by another provider, you will submit documentation of a negative rapid antigen or PCR test performed during the specified testing window from an outside provider.

2 doses of one of the emergency use authorized vaccines:

- Pfizer's mRNA vaccine- 2 doses separated by 21 days
- Moderna's mRNA vaccine- 2 doses separated by 28 days

Doses of Covid-19 Vaccine

Date 1

MM/DD/YYYY

Vaccine1

Select one... ▼

Date 2

MM/DD/YYYY

Vaccine2

Select one... ▼

If you have received a full course of the vaccine: You will input the dates the vaccine was administered to you and select the vaccine you recieved.

Leave this section blank if it does not apply to you.

- Negative antigen result 1 must have been collected on or after January 6 but before January 13
Negative antigen result 2 must have been collected on or after January 13
- Positive antigen result 1 must have been collected between October 8 and December 23
Positive antigen result 2 must have been collected between October 15 and December 30

COVID-19 Antigen (PCR/NAAT)

Date

MM/DD/YYYY

Result clear

Positive Negative

COVID-19 Rapid Antigen

Date

MM/DD/YYYY

Result clear

Positive Negative

If you have had COVID-19 in the last 180 days or have been screened for COVID-19 by a different provider:
You will input the dates your COVID-19 test was administered and indicate if the result was positive or negative.

Leave this section blank if it does not apply to you.

COVID-19



Date 1	<input type="text" value="MM/DD/YYYY"/>	Vaccine1	<input type="text" value="Select one..."/>
Date 2	<input type="text" value="MM/DD/YYYY"/>	Vaccine2	<input type="text" value="Select one..."/>

- Negative antigen result 1 must have been collected on or after January 6 but before January 13
Negative antigen result 2 must have been collected on or after January 13
- Positive antigen result 1 must have been collected between October 8 and December 23
Positive antigen result 2 must have been collected between October 15 and December 30

COVID-19 Antigen (PCR/NAAT)

Date	<input type="text" value="MM/DD/YYYY"/>	Result <input type="button" value="clear"/>
		<input type="radio"/> Positive <input type="radio"/> Negative

COVID-19 Rapid Antigen

Date	<input type="text" value="MM/DD/YYYY"/>	Result <input type="button" value="clear"/>
		<input type="radio"/> Positive <input type="radio"/> Negative

Cancel

Done







After all information has been inputted that applies to you, click “Done”





Please note - you will leave the sections blank that do not apply to you.

Additional Notes:

- If you are submitting documentation of a negative rapid antigen or PCR test performed by another provider, you will submit documentation for the first screening within the first testing window (Jan 6-14) and then again after you receive the results of the second screening within the second screening window (Jan 15-22).

COVID Test 1-January 6-14	Submit documentation for your 1st screening window here → 	 Not Compliant	No Data ⓘ
COVID Test2-January 15-22	Submit documentation for your 2nd screening window here → 	 Not Compliant	No Data ⓘ

- If you are submitting documentation that you have had COVID-19 in the last 180 days or that you have received a full course of the vaccine, you will only provide the documentation once using the first testing window option. After approval from the Health Committee you will be deemed compliant for both required screenings.

COVID Test 1-January 6-14	You are only required to submit documentation here → 	 Not Compliant	No Data ⓘ
COVID Test2-January 15-22	You <u>do not</u> have to submit documentation here 	 Not Compliant	No Data ⓘ