Western

Proof of Vaccination
Upload

As part of Western's Covid-19 Vaccine Policy all employees must submit their proof of vaccination in order to work on campus.

All members of the community must upload proof of vaccination by September 7. Those who have not provided proof that they are fully vaccinated have until October 12 to submit proof of full vaccination and will be required to be tested for COVID-19 twice per seven-day period in the interim to attend campus, with results submitted to the University.

Individuals must receive their second dose no later than September 28, 2021, to be considered fully vaccinated by October 12, 2021

Go to the website:
HTTPS://HOSPITALITYSERVICES.UWO.CA/STAFF/VACCINE

Go to **Step 3:**

Click **Here**

Step 3:
Log in with your UWO (HR) credentials then **upload your proof of vaccination**
○ Follow this **step-by-step walkthrough**

Enter your **UWO (HR)** credentials

Click **Log In**

User ID:
jadam42

Password:
....

Log In

Read through the **TakeCare Western** page

Scroll to the bottom, check off **I acknowledge**, then click on the **arrow**

☑ I acknowledge

→

Read through the **Questionnaire Completion & Collection Notice**

Scroll to the bottom, check off **I acknowledge**, then click on the **arrow**

☑ I acknowledge

→

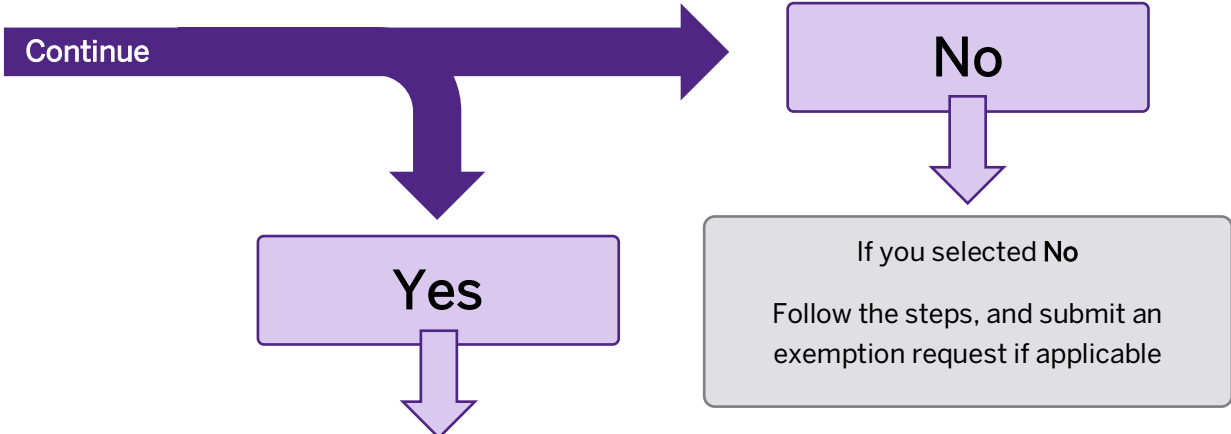Select your **appropriate answer** and click the **arrow**

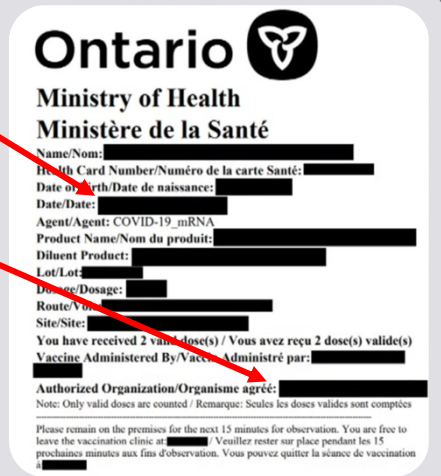Have you received one or two doses of a COVID-19 vaccine?

○ Yes

○ No

→

Continue

No

Yes

If you selected **No**

Follow the steps, and submit an exemption request if applicable

If you selected **Yes**, Fill in the following form:

Date (mm/dd/yyyy): Submit the **Date** of your **first** Covid-19 vaccine dose. Use numbers to represent the **month, day, then year** (ex 03/14/2021 = March 14th 2021)

Ontario
Ministry of Health
Ministère de la Santé
Name/Nom:
Health Card Number/Numéro de la carte Santé:
Date of Birth/Date de naissance:
Date/Date:
Agent/Agent: COVID-19_mRNA
Product Name/Nom du produit:
Diluent Product:
Lot/Lot:
Dosage/Dosage:
Route/
Site/Site:
You have received 2 valid dose(s) / Vous avez reçu 2 dose(s) valide(s)
Vaccine Administered By/Vaccin Administré par:
Authorized Organization/Organisme agréé:
Note: Only valid doses are counted / Remarque: Seules les doses valides sont comptées

Please remain on the premises for the next 15 minutes for observation. You are free to leave the vaccination clinic at / Veuillez rester sur place pendant les 15 prochaines minutes aux fins d'observation. Vous pouvez quitter la séance de vaccination à

1st Dose
Please enter the Date and the Authorized Organization/Location from your first dose of a COVID-19 vaccine receipt.

Date (mm/dd/yyyy)   [mm/dd/yyyy]

Authorized Organization/Location

Please upload 1st dosage certification: pdf, jpg, or png format only - overwrite attachment by uploading a different document

Drop files or click here to upload

Authorized Organization/Location: The organization **running** the clinic

Upload your receipt by **clicking** on the **box**

In the window that appears, **navigate** to the location where the **receipt was saved**, select it then click **Open**

2nd Dose
Please enter the Date and the Authorized Organization/Location from your second dose of a COVID-19 vaccine receipt.

*Note: If you received a Single Dose Vaccine (i.e. JANSSEN/Johnson&Johnson) record information and attach receipt from 1st dose again
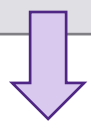
Date (mm/dd/yyyy)   [mm/dd/yyyy]

Authorized Organization/Location

Please upload 2nd dosage information: pdf, jpg, or png format only - overwrite attachment by uploading a different document

Drop files or click here to upload

Do the same for your **second dose** receipt

Once complete, click the **arrow**

Upon completion, you will receive a **green check** indicating you have **successfully uploaded** your receipt. You will also receive an **email confirming** your **completion**