

 You will receive an email from Reynolds titled Action Required – New Checklist Assigned – REYNOLDS SD 7. Click the Log In link at the bottom and you will be directed to the sign in page.

## Action Required - New Checklist Assigned - REYNOLDS SD 7

REYNOLDS SD 7 <do-not-reply@ted.peopleadmin.com>

Action Required - New Checklist Assigned - REYNOLDS SD 7

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You are receiving this message because you have been assigned the Vaccination Verification checklist. Please complete the assigned documents as soon as you are able to prevent any delays in processing.

Please reach out to our Human Capital Management department if you have any questions along the way. Thank you!

Best,

Human Capital Management

Log In

2. Enter your username (your Reynolds email address) and then click the red "Logging in for the first time?" link under the sign in button.

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Forgot your password?		

3. Once logged in, you will be directed to the **My Tasks** tab for tasks that require attention. Click the blue View box for either Vaccine Verification, Religious Exemption form, or Medical Exemption form, whichever is applicable.

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	COVID-19 Medical	Exemption Form		Vaccination Verification	9/17/2021		View			
	1 - 3 of 3 Results					Results	Per Page 10			
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For Vaccination Verification, continue to **Step 4**. For Religious Exemption Form, continue to **Step 9**. For Medical Exemption Form, continue to **Step 17**. 4. For Vaccination Verification, click the blue View box. A pop-up box will appear; click Upload a file.

\*Click <u>HERE</u> for information on how to access your vaccine record. You may submit a screenshot of your record, a photo of your vaccination card, etc.

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5. Upload your vaccination documentation.

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6. Your document will show up under Attachments. Click Save Final to complete the upload.

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7. Click **Submit** to submit your Vaccination Card.

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8. All set! Your completed upload will appear in the Completed tab.

9. To upload a Religious Exemption form, click View.

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10. A pop-up box will appear; scroll up to the top of the box.

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11. Click on the "Exemption Form Religious.docx" link.

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12. Complete the form and save the document.

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15. Type your name in the Signature line, check that you accept the signature, and click **Submit**.

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19. Click on the "Exemption Form Medical.docx" link.

COVID-19 Vaccine Medical Exemption Request Form	२ (
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20. Complete the form and save the document.

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The patient may not receive a certain type of COVID-19 vaccination. The patient may receive a vaccination manufactured by

The patient may receive a COVID-19 vaccination.

I certify the above information to be true and accurate.

Printed name of medical provider:	Date:
Signature of medical provider:	Work address: Work telephone number:

**Document accessibility:** For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673- 2411, 711 TTY or COVID19.LanguageAccess@dhsoha.state.or.us.

21. Scroll down to the bottom of the box and click the "Upload a file" button and choose your saved file.



22. Type your name in the Signature line, check that you accept the signature, and click **Submit**.

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