

# Step 1: Enter Your Information

[Messages](#)[Status](#)[Account](#)[Sign Out](#)

## Profile

First name *	<input type="text" value="Bucky"/>
Last name *	<input type="text" value="Badger"/>
Date of Birth *	<input type="text" value="10/02/1940"/> <small>Format mm/dd/yyyy.</small>
Net ID*	<input type="text" value="000000000"/>

[Continue...](#)

### Profile

After logging in to MedProctor with your NetID and Password, enter your name and date of birth. Your Campus ID will pre-populate.



# Step 2: Complete the Agreement

secure.medproctor.com/Profile/Agreements

WISCONSIN

Agreements

End User License Agreement

Optional Agreements

Student Attestation of No Vaccination Records

Continue...

Messages

Status

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Sign Out

Finish update

**Agreement**

[Close](#)

END USER LICENSE AGREEMENT /  
TERMS OF USE

IMPORTANT: PLEASE READ THIS EULA CAREFULLY.

Med+Proctor is a developer and distributor of educational and medical record management hardware, software, and mobile applications. Med+Proctor also provides Services to Institutions, which use its proprietary Program.

This EULA is between Med+Proctor and User. Please read this EULA carefully, as User accepts and agrees to be bound by all Terms by accessing and/or using the Site, Program and/or Services. If User does not accept or agree to be bound by the Terms of this EULA, then User should not access or use the Site, Program and/or Services, and User must immediately exit this Site and/or discontinue use of the Program and/or Services. The access and/or use of the Site, Program and/or Services signifies User's acceptance and continued acceptance of Med+Proctor's Terms, including this EULA, and any revisions thereto.

The Site, Program, and/or Services are to be accessed and used only by Users (and/or

Enter your full name

Enter your full name for use as an electronic signature

Agree

Type your name and Click "Agree" to accept the **End User License Agreement**.

...

# Step 3: Select the Attestation

[Messages](#)[Status](#)[Account](#)[Sign Out](#)

## Agreements

[End User License Agreement](#) [Profile](#) [Document](#)

### Optional Agreements

[Student Attestation of No Vaccination Records](#)[Continue...](#)

If you are not vaccinated, or do not have proof of immunity, complete the **Student Attestation of No Vaccination Records**.



# Step 4: Complete the Attestation



## Agreements

End User License Agreement

### Optional Agreements

Student Attestation of No Vaccination Records

Continue...

**Optional Agreement** [Close](#)

I acknowledge and attest that I do not have vaccination records or proof of immunity to submit.

If I am able to acquire my vaccination records or documented proof of immunity while I am enrolled as a student at UW-Madison, I agree to upload these records for verification.

I acknowledge that in the absence of verified vaccination records or proof of immunity, I may be subject to mandatory public health protocols—including immediate exclusion from campus and/or required quarantine—should a communicable disease outbreak occur.

By completing this form, I confirm that this attestation is accurate and complete to the best of my knowledge.

**To schedule a vaccination or lab test to verify your immunity, contact UHS at 608-265-5600 to discuss your options.**

Enter your full name  ←

Enter your full name for use as an electronic signature

Type your name and Click "Agree" to complete the **Student Attestation of No Vaccination Records.**

