

# Step 1: Enter Your Information

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## 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...

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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: Click "Continue"

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## Agreements

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

## Optional Agreements

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

If you have vaccination records to share, click "Continue."



# Step 4: Upload Your Records



## Documents

If you need to request immunization records from your medical provider, you can download the Immunization Certificate for your provider to complete.

[Download Documents](#)

[Immunization Certificate](#)

### Upload a Document

JPEG (.jpeg or .jpg) images are preferred.

Already have an official vaccine record? You can upload that here as well.

Need to correct a document you have submitted? Simply select the document type and choose the corrected file in the form below.

**Document Type \***

Select

**Select a file \***

[Choose Files](#)

No file chosen

[Continue...](#)

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Once you upload files, you can check your status on the **Status** tab.

**Profile**

**Document**

If you have copies of your immunization records, upload them here. You can select multiple files if needed.

