

Uploading COVID-19 Proof of Booster to PyraMED

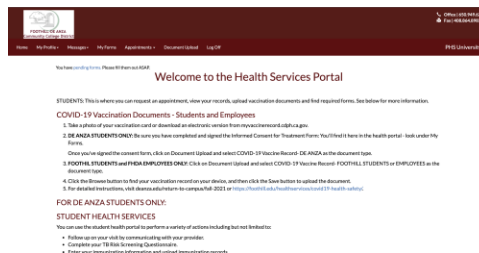
Step 1

Go to your Student Portal and click on the Foothill Health Services PyraMED tile or use this link: <https://deanza.studenthealthportal.com/>



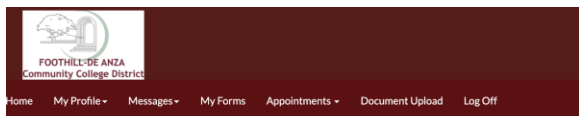
Step 2

This will take you to a Foothill-De Anza Health Portal page.



Step 3

Click on the **Pending Forms** link right below the navigation bar



You have **pending forms**. Please fill them out ASAP.

Welcome to the Heal

STUDENTS: This is where you can request an appointment, view your records, upload vac COVID-19 Vaccination Documents - Students and Employees

1. Take a photo of your vaccination card or download an electronic version from myvac

Step 4

Click on the **COVID-19 Booster Submission – Foothill College** link.



My Forms

The following forms need to be completed.

Form Name	Form Type	Appointment Date	Instructions
Care COVID-19 Vaccine Submission	Immunization	N.A.	
COVID-19 Vaccine Submission- De Anza College	Immunization	N.A.	Required for all students with in-person class.
COVID-19 Vaccine Submission- Employees Only	Immunization	N.A.	Required for district employees.
COVID-19 Vaccine Submission- Foothill College	Immunization	N.A.	Required for all students with in-person class.
COVID-19 Vaccine Submission- De Anza College	Immunization	N.A.	Required for all students with in-person class.
COVID-19 Vaccine Submission- Employees Only	Immunization	N.A.	Required for all employees.
COVID-19 Vaccine Submission- Foothill College	Immunization	N.A.	Required for all students with in-person class.

Step 5

Complete the form by entering the date(s) of your booster and attach a copy of your vaccination card with booster information.

COVID-19 Booster Submission- Foothill College

Required for all students with in-person class.

Please provide the date you received your COVID-19 booster vaccination. You may choose from the applicable manufacturer. You must provide the lot number, site and upload a copy of your vaccination card or digital COVID-19 vaccine record before submitting this form. Thank you.

COVID-19 Pfizer Booster Dose Vaccine Date

COVID-19 Moderna Booster Dose Vaccine Date

Where did you receive your vaccine (Healthcare Provider or Clinic site address)?

Lot Number of Vaccine Booster Dose

Please upload your proof of vaccination (i.e. Vaccination Card or digital copy of your vaccine)

Please complete your vaccine booster information and attach a copy of your COVID-19 vaccine card or digital copy of your COVID-19 vaccine record for verification.

Step 6

Use your mouse to provide a signature and click the "Confirm" button.

Confirm Message

Sign Below

Are you sure you want to submit this form?