HOW TO COMPLETE THE SYMPTOM TRACKER

1. First log into myMU at https://mymu.misericordia.edu

2. Click on the myMU tab as seen in this image:
3. On the right hand side, locate the 'Important COVID-19 Information' Section
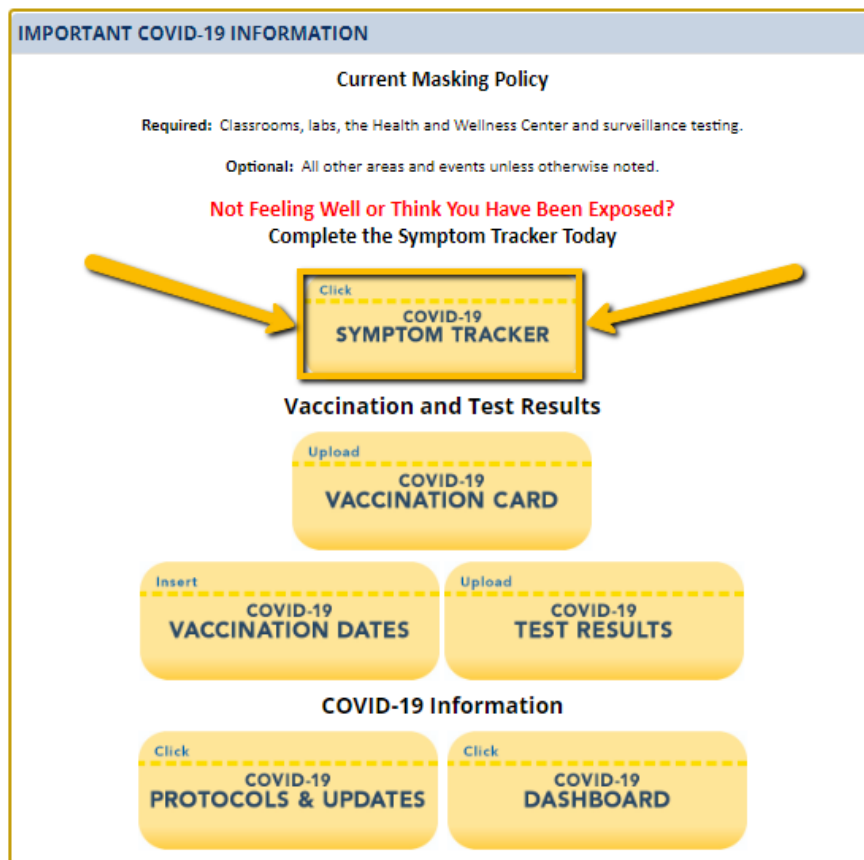4. Click on the 'Upload COVID-19 Test Results' button as seen in the

image:

5. This takes you to Medicat where you can access the symptom tracker:

Health & Wellness
A healthier YOU begins at MU!

🏠 Home ☀ COVID-19 📅 Appts ⚕ Immunization ✈ Insurance ☰ Forms ✉ Messages 🔔 Education ⬆ Upload

Welcome to Misericordia University Health & Wellness Center Patient Portal

MANDATORY HEALTH CENTER REQUIREMENTS
All Full Time Undergraduate Students (Dallas campus only) Regardless of Housing Status
MUST click on the "Forms, Uploads and Immunizations" tabs to complete all requirements.
(Click the green "print" tab under *immunizations* to view documents uploaded)

Health Insurance: All full-time students are required to have health insurance.
To enroll or waive out of MU Health Insurance click: HERE

PLEASE NOTE: Due to COVID-19, the Health Center will operate by APPOINTMENTS ONLY! There will be NO WALK IN APPOINTMENTS! You must call (570) 674-6276 to schedule appointment. Thanks for your understanding.

If you are not feeling well, FILL OUT THE **SYMPTOM TRACKER**, PLEASE CLICK HERE

For all COVID Test results and/or proof of COVID vaccine, please click here to upload proof.
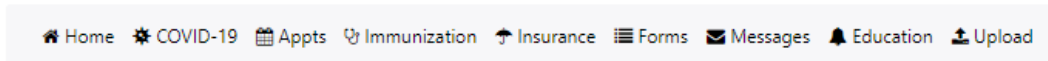**Don't forget to insert dates of COVID Vaccinations under the "Immunization" tab.

6. Click on the appropriate symptom tracker (Student or Staff):

Form

Staff Symptoms Tracker
Please complete the COVID Tracker form daily.

7. Answer the questions and hit submit:

Staff Symptoms Tracker

Are you currently positive for COVID-19 or awaiting a test, or experiencing at of the following symptoms?
* Fever greater than or equal to 100.0F
* Chills or repeated shaking with chills
* Cough
* Shortness of breath or difficulty breathing
* Fatigue
* Muscle pain or body aches
* New loss of taste or smell
* Headache
* Sore throat
* Congestion or runny nose
* Nausea or vomiting
* Diarrhea

○ Yes*

◉ No*

** Are you living with, caring for, or been exposed to (within 6 feet for a cumulative total of 15 minutes) someone who has a confirmed or suspected case of COVID-19 within the last 48 hours?

○ Yes*

○ No

Submit

8. Follow instructions given at the end of your questionnaire. If RED, DO NOT COME TO CAMPUS!