

COVID-19 Portal for City Employees Submission How-to Guide

Purpose: this document will serve as a step by step guide for City of Houston employees for submitting vaccine cards, medical exemptions, and bi-monthly COVID-19 PCR test results.

Login process



Q1.

In accordance with Executive Order 1-71: COVID-19 Mitigating Safety Measures ("E.O. 1-71"), it is the policy of the City of Houston (City) to provide and maintain a place of employment that is reasonably safe and healthful for all City employees so that they may return home to their families safe and unharmed. The City is required by State law to take all actions reasonably necessary to protect the life, health, and safety of all City employees. Although the COVID-19 vaccination remains the single most important tool to protect City employees, their families, and the citizens we serve from serious illness and/or death due to the highly contagious Delta variant, the rise in positive cases and hospitalizations due to COVID-19 variant, requires the City to take additional actions to minimize the spread of the COVID-19 virus in the workplace by implementing a routine testing requirement for all City employees.

These next few questions will assist with ensuring compliance with E.O. 1-71.

Do you have a city-issued email address?

Yes
Yes, I have an HPD email address
No



Please log in using your 4, 5 or 6-digit employee number.

Employee ID (e.g., 123456)	<input type="text" value="12345"/>
Last Name	<input type="text" value="Brown"/>

Next

- Once logged in: if the employee plans on **uploading their vaccination card go to step 4**. If the employee plans on **uploading a medical or religious exemption, go to step 9**. If the employee plans on **submitting COVID-19 PCR tests on the 1st and 15th of each month, go to step 12**.
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Q2. Respondent Information

First Name
Last Name

Q3. Which of the following apply to you?

I am **fully vaccinated**. You are considered fully vaccinated 2 weeks after your second dose in a two-shot series like Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine such as Janssen (Johnson & Johnson) vaccine.

I request a **medical accommodation**. Click [Request_for_a_Medical_Accommodation_From_COVID_19_Testing_nv9.22.2021_2.1.17.24.PM.pdf](#) to download.

I request a **religious accommodation**. Click [Request_for_a_Religious_Accommodation_From_COVID_19_Testing_nv9.22.2021.pdf](#) to download.

None of the above; I will upload COVID-19 diagnostic testing documentation.

Next

Q5. Which vaccine did you receive?

- Pfizer-BioNTech
- Moderna
- Johnson & Johnson / Janssen
- Mixed
- Other

Next



Q6. When did you receive your first dose (Dates must match documentation submitted)?

Date of First Dose (mm/dd/yyyy)

Previous

Next



Q7. When did you receive your second dose (Dates must match documentation submitted)?

Date of Second Dose (mm/dd/yyyy)

Q8. When did you receive your third dose (Dates must match documentation submitted)?

Date of Third Dose (mm/dd/yyyy)

Previous

Next



Q13. I, , authorize the entity or healthcare provider identified below to release my official COVID-19 immunization record from its immunization registry/records to the City of Houston.

Name of Entity or healthcare provider

Q14. I, , have read and understand City of Houston's policy on COVID-19 Mitigation Safety Measures. I verify that the information I am submitting to support my request for an exemption from the testing requirements of the City of Houston's policy on COVID-19 Mitigation Safety Measures is true and accurate to the best of my knowledge. I understand that my submission to the City or use of any falsified information relating to this exemption request can lead to corrective action, up to and including an indefinite suspension or termination.

SIGN HERE

clear

- The employee will then receive submission confirmation and an email also confirming submission. The next correspondence will be received via email once the Human Resources Department validates the submission.
-



Q2. Respondent Information

First Name

Last Name

Email

Q3. Which of the following apply to you?

I am **fully vaccinated**. You are considered fully vaccinated 2 weeks after your second dose in a two-shot series like Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine such as Janssen (Johnson & Johnson) vaccine.

I request a **medical accommodation**. Click [Request for a Medical Accommodation From COVID-19 Testing rv9.22.2021 2-1-17-24 PM.pdf](#) to download.

I request a **religious accommodation**. Click [Request for a Religious Accommodation From COVID-19 Testing rv9.22.2021.pdf](#) to download.



Q9. Please upload a clear photo/image of documentation indicating you are fully vaccinated or your request for a medical and/or religious accommodation.

(click the grey box again to select a new file if you accidentally uploaded the wrong file)

Drop files or click here to upload

Q10.

I have another file to upload

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Click to save uploads

11. The employee will then receive submission confirmation and an email also confirming submission. The next correspondence will be received via email once the Human Resources Department validates the submission.
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Q5. Unless exempted in accordance with Executive Order 1-71: COVID-19 Mitigating Safety Measures, City employees shall submit COVID-19 diagnostic test results on or before the 1st and 15th of every month. For any COVID-19 diagnostic test performed from the 1st through the 15th of the month, the test results shall be submitted on or before the 15th day of the same month. For any COVID-19 diagnostic test performed from the 16th to the 31st, the test results shall be submitted on or before the 1st day of the following month.

Please indicate the date your COVID-19 diagnostic test was performed below.

COVID-19 diagnostic test
performed on
(mm/dd/yyyy)

Next



Q6.

What was the result of your recent COVID-19 test?

I tested POSITIVE

I tested NEGATIVE

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Next



Q7. Please upload a clear photo/image of your test results. Note: Submission of an unclear photo/image may result in your status being reported as non-compliant.

(click the grey box again to select a new file if you accidentally uploaded the wrong file)

Drop files or click here to upload

Previous

Click to save upload



Q8. I, Jaron Brown, have read and understand City of Houston's policy on COVID-19 Mitigation Safety Measures. I verify that the information I am submitting to support my my compliance with the testing requirements of the City of Houston's policy on COVID-19 Mitigation Safety Measures is true and accurate to the best of my knowledge. I understand that my submission to the City or use of any falsified information relating to these COVID-19 test results can lead to corrective action, up to and including an indefinite suspension or termination.


clear

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SUBMIT