

https://www.myescreen.com/v3/

@screen.

# MYeSCREEN

Scheduling Tests

# Step 1

On the menu on the left side...

- HOME
- INBOX
- MESSAGING
- REPORTS
- HEALTH-eSCREEN SERVICES
- SCHEDULING
- HELP
- DOCUMENTS
- RANDOMS
- ACCOUNT INFORMATION
- USER SETTINGS
- LOG OFF

go to 'Scheduling'...

- HOME
- INBOX
- MESSAGING
- REPORTS
- HEALTH-eSCREEN SERVICES
- SCHEDULING**
- HELP
- DOCUMENTS
- RANDOMS
- ACCOUNT INFORMATION
- USER SETTINGS
- LOG OFF

go to 'Schedule An Event'

- HOME
- INBOX
- MESSAGING
- REPORTS
- HEALTH-eSCREEN SERVICES
- SCHEDULING
  - SCHEDULE AN EVENT**
  - FIND/EDIT EVENT
- HELP
- DOCUMENTS
- RANDOMS
- ACCOUNT INFORMATION
- USER SETTINGS
- LOG OFF

# Step 2

You will now be on the DONOR INFO page.

## DONOR INFO

BACK

NEXT: SELECT A CLINIC

### EMPLOYER

Master-Med LLC - DEMO ACCOUNT - Bensenville

### REASON FOR TEST - DRUG TESTING

Pre-employment

Random

Post Accident

Periodic Medical

Promotion

Return to Duty

Diversion

Followup

Transfer

Reasonable Suspicion/Cause

Other

Specify reason

### TYPE OF TEST - DRUG TESTING

DOT/FEDERAL TESTS

NON-DOT TESTS

### REASON FOR SERVICE - OCCUPATIONAL HEALTH

New Certification

Recertification

Follow-up

Other

Site Access

Pre-employment

Return to Duty

Surveillance

### TYPE OF SERVICE - OCCUPATIONAL HEALTH

Physical

DOT Physical

1. Select the REASON FOR TEST.
2. Choose TYPE OF TEST (DOT for all truck drivers).
3. Check off which test you want (Drug, Alcohol, or both).
4. Select Regulation for DOT/FEDERAL TESTS (by default it is already selected as FMCSA).

\*You have the option to schedule a medical card as well. Otherwise leave this blank.\*

#### REASON FOR TEST - DRUG TESTING

- |   |  |   |
|---|--|---|
| <input checked="" type="radio"/> Pre-employment | <input type="radio"/> Periodic Medical | <input type="radio"/> Followup  |
| <input type="radio"/> Random                    | <input type="radio"/> Promotion        | <input type="radio"/> Transfer  |
| <input type="radio"/> Post Accident             | <input type="radio"/> Return to Duty   | <input type="radio"/> Reasonable Suspicion/Cause                        |
|   | <input type="radio"/> Diversion        | <input type="radio"/> Other <input type="text" value="Specify reason"/> |

#### TYPE OF TEST - DRUG TESTING

- DOT/FEDERAL TESTS     NON-DOT TESTS

- DOT urine collection for drug test  
 DOT Breath alcohol test

Please select a Regulation

- |                             |  |
|-----------------------------|--|
| <input type="radio"/> FAA   | <input checked="" type="radio"/> FMCSA |
| <input type="radio"/> FRA   | <input type="radio"/> FTA              |
| <input type="radio"/> PHMSA | <input type="radio"/> USCG             |

Scroll down to the bottom and add the donor's/driver's information.

**DONOR**

\* Indicates Required Field

First Name*	Day Phone
<input type="text" value="John"/>	( <input type="text" value="630"/> ) <input type="text" value="422"/> - <input type="text" value="7497"/> Ext. <input type="text"/>
Middle Name	Evening Phone
<input type="text" value="David"/>	( <input type="text"/> ) <input type="text"/> - <input type="text"/> Ext. <input type="text"/>
Last Name*	Email Address
<input type="text" value="Doe"/>	<input type="text" value="johndoe@gmail.com"/>
Social Security Number	Donor ID
<input type="text" value="111"/> - <input type="text" value="22"/> - <input type="text" value="3333"/>	<input type="text" value="ILD16469793487"/> <input style="border: none; padding-left: 10px; font-size: small; font-weight: normal; text-decoration: none; color: #0070C0; vertical-align: middle;" type="text" value="Drivers License"/> ▼
Date of Birth	Cost Center / Job Code
<input type="text" value="11"/> / <input type="text" value="11"/> / <input type="text" value="1990"/> MM/DD/YYYY	<input style="border: none; padding-left: 5px; font-size: small; font-weight: normal; text-decoration: none; color: #0070C0; vertical-align: middle;" type="text" value="~Select~"/> ▼ <input style="background-color: #D3D3D3; border: none;" type="text"/>

When entering the DONOR ID, select 'Drivers License' from the drop down menu (Choose this if you have a CDL as well).

Also add the license state abbreviation in front of the license number. (I used Illinois as an example above)

# Step 3

Click on 'Next: Select a Clinic' at the bottom.



You can enter a more exact address, or just search by zip code.

**SELECT CLINIC** BACK

Address  City  State/Province

Postal Code  Distance  Miles

**SEARCH** SHOW DEFAULT CLINICS

Click 'Search'

Now you will see a list of all the clinics in the network within the search radius/distance. (The furthest you can search by is 60 miles).

This is an example of what you would see...

	CLINIC NAME	DRUG	DISTANCE	PHONE	ADDRESS	CITY	STATE/PROVINCE	POSTAL CODE
▼	<a href="#">Corporate Wellness Ptrs</a>		5 m	8479907220	716 S. Milwaukee Avenue	Libertyville	IL	60048
▼	<a href="#">Concentra Medical Center - Wheeling</a>		7 m	8474196974	544A W DUNDEE RD	WHEELING	IL	60090
▼	<a href="#">PromptMed UC - Waukegan</a>		10 m	8479018400	724 N. Green Bay Road	Waukegan	IL	60085
▼	<a href="#">Vista Medical Center East</a>		10 m	8473602860	1324 N. Sheridan Road	WAUKEGAN	IL	60085
▼	<a href="#">InOut Labs</a>		14 m	8476577900	6449 DEMPSTER ST	MORTON GROVE	IL	60053

If you click on the drop down menu for a clinic you can see the hours that they are open.

▲	<a href="#">InOut Labs</a>		14 m	8476577900	6449 DEMPSTER ST	MORTON GROVE	IL	60053
Clinic Attributes:		Hours:						
Observed Collections	M:	8:30 AM - 3:00 PM						
Public Transportation	T:	8:30 AM - 3:00 PM						
Requires Appointment	W:	8:30 AM - 3:00 PM						
	Th:	8:30 AM - 3:00 PM						
	F:	8:30 AM - 3:00 PM						
	Saturday:	Closed						
	Sunday:	Closed						

# Step 4

If you are ready to choose a clinic, click on the clinic name.

Here you can set how long the epassport (schedule) will be good for.

**CONFIGURATION**

Immediate (Start time is current time.)  
 Future (Start time must be specified.)

**HOURS TYPE:**  
Immediate

Donor has 3 Business Days (CT) to complete test.

Donor is allowed to take test up to 7 days after the test time has expired.  
 Do not display expiration time on the ePassport.

You can select this option as well, that way if the donor happens to go after his epassport expires he will still be able to take the test.

The rest of the fields you can leave as it is.

Click on 'Confirm Scheduled Event' at the top.

# Step 5

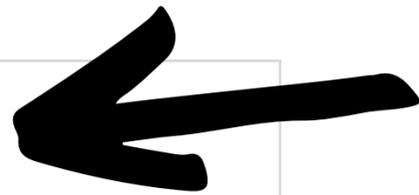
On this page you can send the epassport to the donor's email and phone number. (You can also print the epassport out to give to the donor)/

## PRINT ePASSPORT

### ePASSPORT NOTIFICATION OPTIONS

Email:

johndoe@gmail.com



Type email or emails. When adding more emails, separate each one with a ;

**Note:** To email multiple recipients, separate email addresses with a semicolon.

Would you like to send this ePassport via text message?

**Note:** If you select the option to text the ePassport to the participant, the participant will receive a text message instructing them to click a link to open their ePassport.

**SEND**

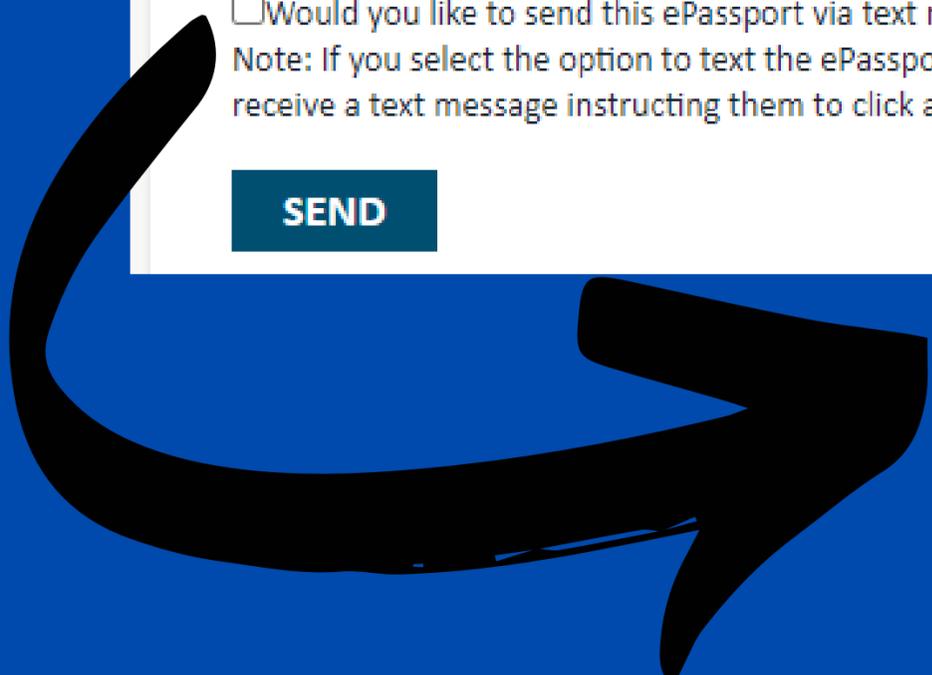
### INSTRUCTIONS

Option 1: Print out this sheet and send with the participant to the clinic.

Option 2: Email the ePassport to the participant.

**COPY EVENT**

**DONE**



Check the box and enter the donors phone number.

Click 'Send' and the donor will receive the epassport.