

SHIELD Illinois Family Portal Directions

Please follow these directions to set up your SHIELD portal and link your students to your account. If you have any questions, please call (217) 265-6059.

Step 1

Go to the [SHIELD Portal](#) and click **Sign up for an account**.



Login

Please enter your username and password.

Username:

Password:

Sign up for an account | [Forgot Username/Password](#)

Proceed

Cancel

Step 2

Enter our agency code (**df5brbrj**) into the box and select **Ok**.

Enter your Agency Code:

df5brbrj|

OK

Cancel

Step 3

Complete the online registration form by filling in your **First Name, Last Name, Date of Birth, Email, Address, City, State, Zip Code, Phone Number, Gender, and Race/Ethnicity**.

Read the consent statement and select **I Agree**.

Then select **Submit**.

Online Registration (SHIELD Community Testing)

Fill out all of the fields below. After submitting your information, you will receive a confirmation code via text message. Enter the code on this site to complete the registration process.

First Name			Last Name		
Date of Birth (MM/DD/YYYY)		Email Address		Confirm Email Address	
Address		City		State	Select State...
Zip Code (The zip code of your local residence)		Mobile Phone #		Gender	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
Extra Details					
Ethnicity		Race		2nd Race (optional)	
Select Race/Ethnicity		Select Race		Select 2nd Race	

Consent for SHIELD Illinois Covid Saliva Testing

By registering myself or my dependent with SHIELD Illinois, I consent to the collection, storage, and use of any personally identifiable information (such as name and date of birth) and sensitive health information for purposes available COVID-19 test results. I understand that I am responsible for the accuracy of all information that I enter and represent that I am over 18 years of age.

I Agree

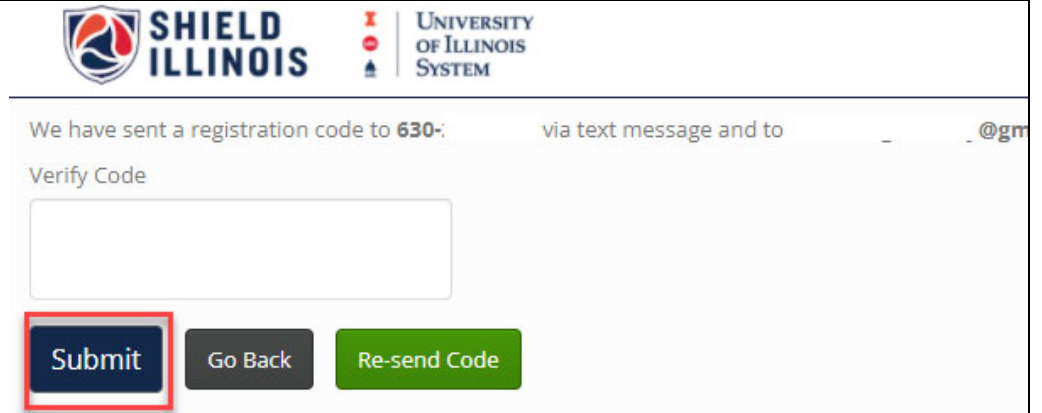
Submit

Cancel

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Step 4

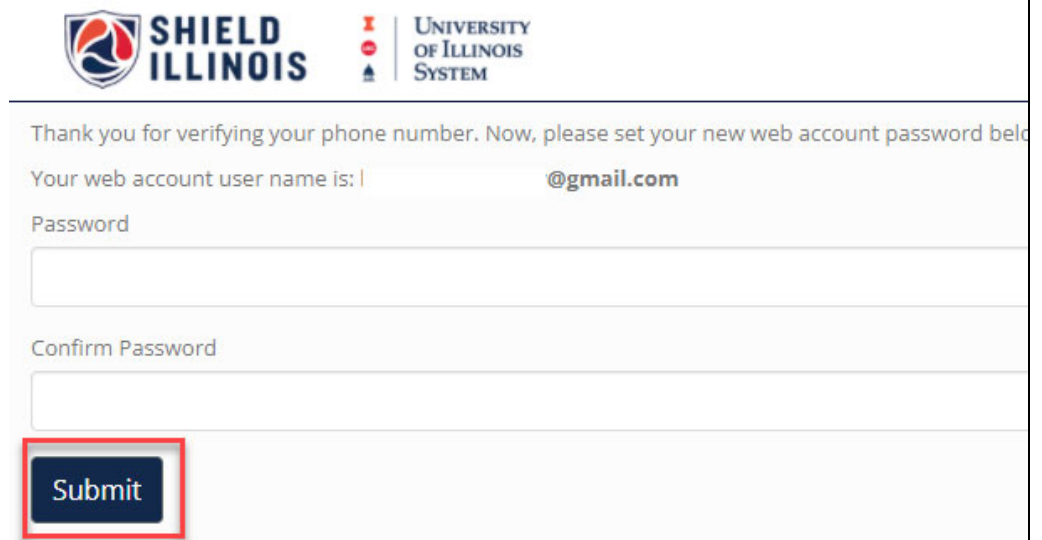
The system will send a verification code to your mobile phone number and email address. Enter that code in the box and select **Submit**.



The screenshot shows the SHIELD ILLINOIS logo and the UNIVERSITY OF ILLINOIS SYSTEM logo at the top. Below the logos, it says "We have sent a registration code to 630-... via text message and to ...@gm". There is a "Verify Code" label above a text input field. Below the input field are three buttons: "Submit" (highlighted with a red box), "Go Back", and "Re-send Code".

Step 5

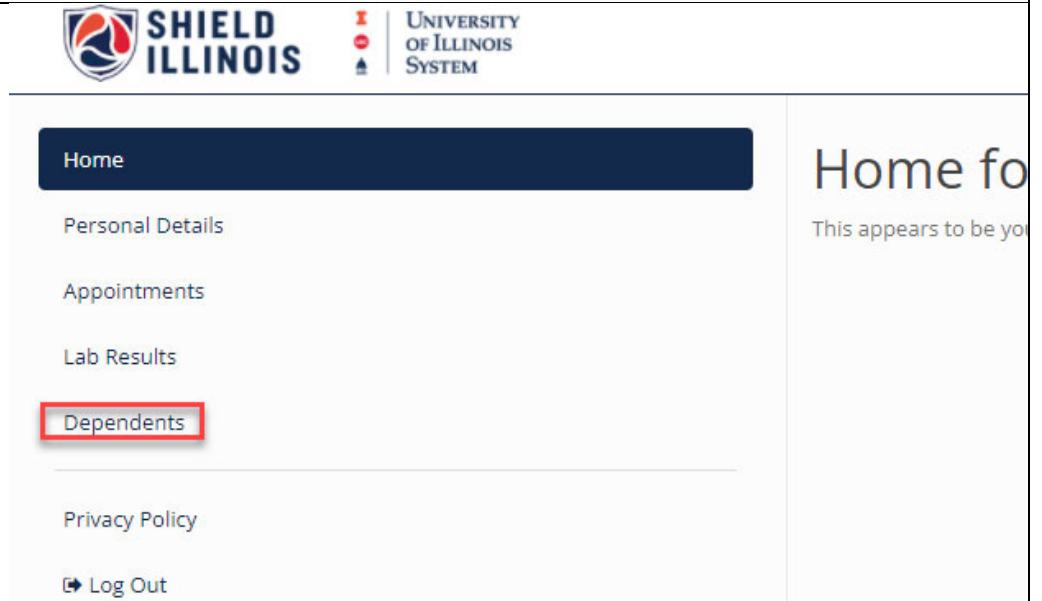
Create and confirm your password. Then select **submit**.



The screenshot shows the SHIELD ILLINOIS logo and the UNIVERSITY OF ILLINOIS SYSTEM logo at the top. Below the logos, it says "Thank you for verifying your phone number. Now, please set your new web account password below". There is a label "Your web account user name is:" followed by a text input field containing "...@gmail.com". Below that are two labels: "Password" and "Confirm Password", each followed by a text input field. At the bottom left, there is a "Submit" button highlighted with a red box.

Step 6

Select **Dependents** on the left hand side of the screen.



The screenshot shows the SHIELD ILLINOIS logo and the UNIVERSITY OF ILLINOIS SYSTEM logo at the top. Below the logos is a navigation menu with the following items: "Home" (highlighted with a dark blue bar), "Personal Details", "Appointments", "Lab Results", "Dependents" (highlighted with a red box), "Privacy Policy", and "Log Out". On the right side of the screen, there is a heading "Home fo" and a sub-heading "This appears to be yo".

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Step 7

Select **Add New Dependent**

Dependents for

Add New Dependent

Name

Step 8

Enter your student's **First Name, Last Name, Date of Birth, and SCHOOL email address** (see below).

Please note, email says optional but it **MUST** be entered to match you with your student.

Read the consent statement and select **I Agree**.

Then select **Submit**.

Add New Dependent

To add a dependent who is already a patient in this system, the following fields are required for a match:

- First Name
- Last Name
- Date of Birth (MM/DD/YYYY)
- Email or Mobile Phone (optional)

First Name Last Name

Date of Birth Email (Optional) Confirm Email Address

Mobile Phone # (Optional) Zip Code (The zip code of your local residence) Gender Male Female Other

Extra Details

Ethnicity Race 2nd Race (optional)

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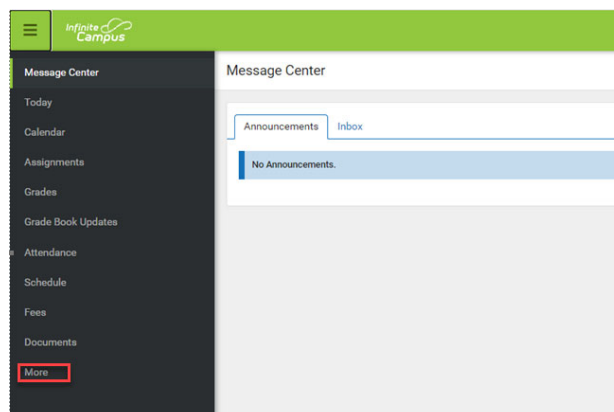
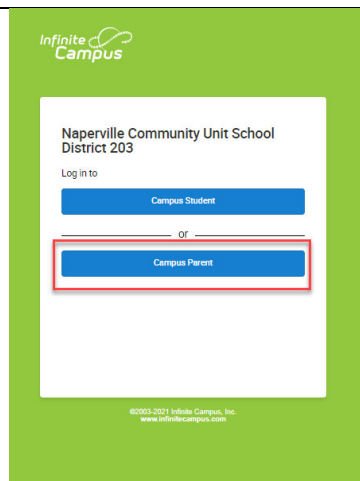
By registering myself or my dependent with SHIELD Illinois, I consent to the collection, storage, and use of any personally identifiable information (such as name and date of birth) and sensitive information for purposes of receiving, processing, and making available COVID-19 test results. I understand that I am responsible for the accuracy of all information that I enter and represent over 18 years of age.

I Agree

How do you find student email address?

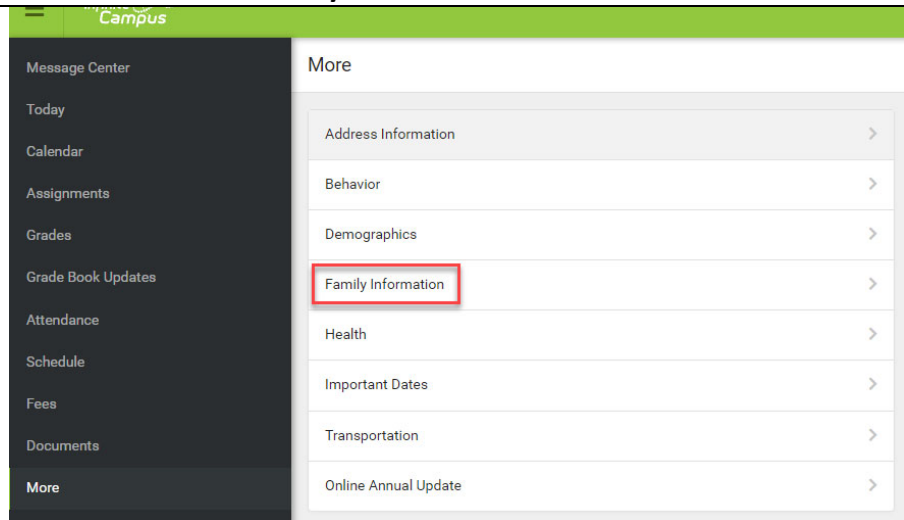
Log in to your **Campus Portal** account.

Select **More** from the left side of the screen.

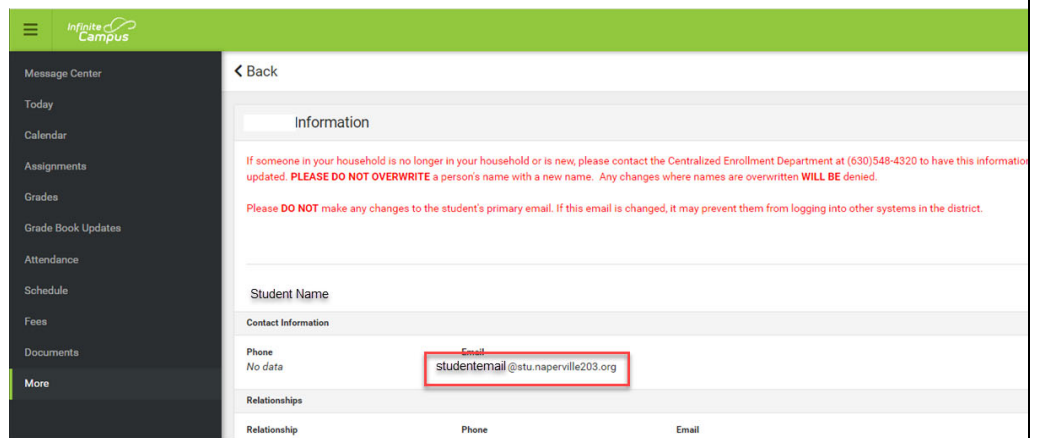


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Then select **Family Information**.



Each member of your family will appear. Their school email address is listed in the box below their name.



Step 9

Repeat steps 7 and 8 for each student participating in saliva screening.

Repeat steps 7 and 8 for each student.