## Introduction

CHRISTUS uses ReadySet to manage your health records such as vaccinations, flu shots, medical screenings and other Occupational Health activities. To use ReadySet, you will need to register for an account.

## Verify if you have an account

Prior to registering for a new account, you should verify that you do not have a current account. You may have a current account if you received a flu shot or received testing when you were hired. Follow the steps below to verify if you have an account. If you have an existing account, you do not register for a new account.

- 1. Launch Okta (https://christus.okta.com).
- 2. Click the **ReadySet** icon.



3. Follow the directions below.





You are prompted to enter a username and password.

Health.	
Usemane *	
Passaut *	
Logio	
New User? Club Neto to Begin	
a. Forget Discovered?	
Forget Planner (? Secone	

# NOTE- If you receive THIS error message please move on the next section



## Register for a new account

- 1. Launch\_<u>ReadySet</u>---<u>https://christushealth.readysetsecure.com/</u>
- 2. Click New User? Click Here to Begin.

	name.
Pass	word: *
	Login
Nev	/ User? Click Here to Begin
9	Forgot Usemame?
2 8	Forgot Usemame? Forgot Password?



3. Complete the following information

Field	Туре
Access/Org Code	1128
Program Type	CREATE USERNAME ONLY
Type the code below	Type the letters displayed below the text box.

Step 1 of 5: Please	nter your code and program type to begin.	
This system collects and information remains second identity.	stores Personal Health Information that is protected by law. To insure and private, please enter the following to begin creating a unique	re that your system
The Access/Org Code is contact your Employee/0	a unique ID number for your organization. If you do not know this co ccupational Health Department.	ode, please
Access/Org Code: *	1128	
Program Type: *	CREATE USERNAME ONLY	
Type the code below: *	4cnb8	
	2 Refresh Code	
40	891	

- 4. Click **Next**.
- 5. Complete the following information. Please use Pre-Employment (even if you are a current Associate)

Field	Туре
First Name, Last Name, Date of Birth	Type your First Name, Last Name, Date of Birth
Employee id	Type your Employee ID <b>Note:</b> If you are not employed by CHRISTUS, type your birthdate
Last 4 of SSN	Type the last 4 digits of you social security number.
Population Type	Pre-Employment
Home Address, City, State, Zip	Type your Home Address, City, State, Zip



Step 2 of 5: Please	enter the information below.			
First Name: *				
Last Name: *				
Date Of Birth: *	61			
Employee Id (Employee must enter Employee ID Others may enter full da of birth MMDDYYYY): @	). Je			
Last 4 of SSN: 0 *				
Population Type: *		~		
Home Address: * City: *	Corporate Associate Dependant Employee			
State: 0 *	Licensed Independent Practitioner Outside Contractor			
	Pre Employment			
	Resident Student		Next	Cancel

#### 6. Click **Next**.

Step 2 of 5: Please enter the I	information bel	OW.		
First Name: *				
Last Name: *				
Date Of Birth: *				
Employee Id (Employees				
must enter Employee ID.				
of birth MMDDYYYY): 0 *				
Last 4 of SSN: 0 *				
Population Type: *			*	
Home Address: *				
City: *				
State: 0 *	~			

7. Complete the following information.

Field	Туре
Gender	Select your gender.
SSN	Type your social security number.
Phone	Type your phone number.
Email	Type your email.
Accreditation	Select your accreditation or select Not Applicable



Just need a little	more information.				
Gender: *		~			
SSN: 0 *					
Phone: *					
Email: *					
Accreditation: *	1	~			
	BSN				
	LVN		Previous	Next	Cancel
	MD				
	NOT APPLICABLE				
	OTHER				
	PA				
	RESIDENT				
	RN				
	SELECT				

- 8. Click Next
- 9. Review your Information then Click Next
- 10. Complete the following information

Register with Re:	advSet
Register with Rea	auvoet
First Name:	Homer
Last Name:	Simpson
Date Of Birth:	01/01/1968
Employee Id (Employees must enter Employee ID. Others may enter full date of birth MMDDYYYY):	
Last 4 of SSN:	
Population Type:	Corporate Associate
Home Address:	624 Willow Brook
City:	Springfield
State:	Illinois
Zip	
Gender	Female
SSN:	
Phone:	(469) 282-2000
Email:	homer.simpson@christushealth.org
Accreditation:	SELECT
Personal Health Informatio information you provided is	n is protected by law. By clicking "Next" you are certifying that the accurate and true.
	Previous Next Cancel



Field	Туре
Username	Username should be between 5 and 30 characters
Password, Verify Password	Password must be between 8 and 30 characters, 1 upper case letter, 1 lower case letter, 1 number and 1 character ! @ # \$ % * ()
Email Address	Recovery email address

### 11. Click Next.

Step 4 of 5: Setu	o your username and password.
The Usemame is whi be between 5 and 30	at you enter to log-in to the system, along with your password. Usernames must characters
Username: *	homer_s
Password must be 8 lower case character,	to 30 characters in length, and must contain at least 1 upper case character, 1 1 number, and one of the following: ! @ # \$ % ^ & * ( )
Password: *	•••••
Verify Password: *	
The email address be	alow will be used if you forget your username or password.
Email Address: *	homer.simpson@christushealth.org

- 12. Select and complete your security questions and responses.
- 13. Click Finish and log me in.

Last Step: Set up y	our security questions.	
Please select three sec	curity questions and provide answers to e	ach one. These will be used to
verify your identity in the	event that your password needs to be re-	set.
Security question: *	Select a security question	~
Answer: *		
Security question: *	Select a security question	*
Answer: *		
Security question: *	Select a security question	~
Answer: *		

