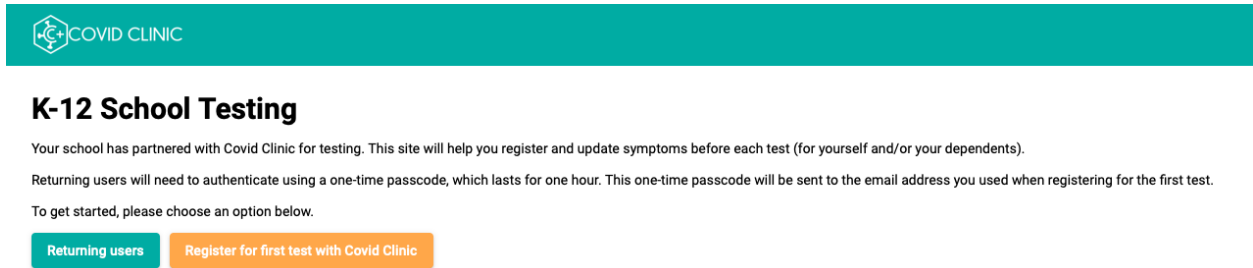


To register for the first covid test, log on to website <https://School.covidclinic.org>. The home page should look like the picture below. Click the orange button that says register for first test with covid clinic.



If registering as staff chose staff and have your employee ID ready, For students the parent must register FIRST and then add student/s as dependents. Click the parent/guardian button and fill out all information fields with the parent's information.

The image shows a registration form on the COVID CLINIC website. At the top is a teal header with the COVID CLINIC logo. Below the header is a link that says "← Return to home". The main heading is "Let's get you registered". Below the heading is a question: "Are you a parent/guardian, student or staff? If you are a staff AND a parent, select STAFF." There are three radio button options: "Parent/Guardian" (which is selected), "Student", and "Staff". Below the radio buttons is a dropdown menu labeled "State". Underneath is a section titled "Parent/guardian Information". Below this title is a note: "Please enter your personal information. You will enter your dependents information later." and a sub-note: "All fields are required, unless otherwise indicated." The form contains several input fields: "First name" and "Last name" (text boxes), "Primary language" (dropdown menu with "English" selected), "Date of birth" (text box), "Sex assigned at birth" (dropdown menu), "Race" (dropdown menu), and "Ethnicity" (dropdown menu).

After filling out all the personal information fields scroll to the bottom of the page and click the 4 boxes acknowledging the disclosures, then sign with first and last name. The signature has to be exactly the same as how you typed your name at the top of the page or it will not be accepted.

Disclosures and patient acknowledgement

- I have read and agree to the [INFORMED CONSENT FOR COVID-19 TESTING](#)
- I have read and consent to Covid Clinic's [ASSIGNMENT OF BENEFITS FOR COVID-19 TESTING](#).
- I have read and consent to Covid Clinic's [AUTHORIZATION FOR RELEASE, DISCLOSURE AND USE OF HEALTH INFORMATION](#).
- I have read and agree to the website [Terms of Service](#), [Privacy Policy](#), and [Communication Policy](#).

Signature

By signing below...

- I consent to review my test results via text or personal email and to communicate with Covid Clinic via text or email. I understand that communications via text and email may be unsecured and have a greater risk of disclosure.
- I confirm I am the patient or have the authority to sign on behalf of the patient. If you are signing on behalf of a minor, by signing below you are representing that you are authorized to consent to the administration of the testing services on behalf of the minor.
- In order to bill your insurance provider or the government/HRSA, an order from a licensed provider is required. Covid Clinic will accept an order from any licensed provider. However, if you do not have an order you consent to a telehealth consultation with a provider from Elevated Health. This consultation will be billed to your insurance or HRSA (for uninsured patients) by Elevated Health and you consent to Covid Clinic sharing your insurance information with Elevated Health for these purposes.

Your signature:

Signature

Register

After signing you will be sent an email with a temporary password. Log back into the site, this time using the green returning users button and the temporary password you received.



K-12 School Testing

Your school has partnered with Covid Clinic for testing. This site will help you register and update symptoms before each test (for yourself and/or your dependents).

Returning users will need to authenticate using a one-time passcode, which lasts for one hour. This one-time passcode will be sent to the email address you used when registering for the first test.

To get started, please choose an option below.

Returning users

Register for first test with Covid Clinic

Once you log back in you'll be directed to a screen with all the parent/guardian's information.

← Return to home

Welcome Back

Place Order

State *
California

Parent/guardian Information

All fields are required, unless otherwise indicated.

First name * Jane Last name * Doe

Primary language * English

Date of birth * 01/01/1990 Sex assigned at birth * Female

Race * White Ethnicity * Not Hispanic or Latino

Address * 1011 NOWHERE AVE

Scroll down this page until you see the green button marked “add Dependents”. Click that button.

Zip Code * 98277 Country * United States of America

Dependents

Parents/guardians: Use this section to add, remove, or edit your dependents. To register a dependent for a test, choose the dependent from the drop down and then update their symptoms.

Add a new dependent

Disclosures and patient acknowledgement

- I have read and agree to the [INFORMED CONSENT FOR COVID-19 TESTING](#)
- I have read and consent to Covid Clinic's [ASSIGNMENT OF BENEFITS FOR COVID-19 TESTING](#).
- I have read and consent to Covid Clinic's [AUTHORIZATION FOR RELEASE, DISCLOSURE AND USE OF HEALTH INFORMATION](#).
- I have read and agree to the website [Terms of Service](#), [Privacy Policy](#), and [Communication Policy](#).

Signature

By signing below...

- I consent to review my test results via text or personal email and to communicate with Covid Clinic via text or email. I understand that communications via text and email may be unsecured and have a greater risk of disclosure.
- I confirm I am the patient or have the authority to sign on behalf of the patient. If you are signing on behalf of a minor, by signing below you are representing that you are authorized to consent to the administration of the testing services on behalf of the minor.
- In order to bill your insurance provider or the government/HRSA, an order from a licensed provider is required. Covid Clinic will accept an order from any licensed provider. However, if you do not have an order you consent to a telehealth consultation with a provider from Elevated Health. This consultation will be billed to your insurance or HRSA (for uninsured).

Fill in the child's information, including their student ID number. If you don't have your student's ID number you can call their school to get it or put N/A in that box.

The image shows a registration form with a modal window titled "Let's get your dependent registered". The modal contains the following fields:

- State * (Dropdown menu): California
- School District * (Dropdown menu): VISALIA UNIFIED SCHOOL DISTRICT
- Grade * (Dropdown menu)
- Teacher * (Text input)
- School * (Dropdown menu)

Below these fields is the "Patient Information" section with the instruction: "All fields are required, unless otherwise indicated."

- First name * (Text input)
- Last name * (Text input)
- Student Identification # * (Text input)
- Primary language * (Text input)

At the bottom of the modal are two buttons: "Cancel" (orange) and "Register" (green). The background form is partially visible, showing fields for Zip Code (98277) and Country (United States of America).

It will ask if the student is insured or not, we will not ask for their insurance information and parent/insurance will not be billed for the test.

Zip Code * 98277 Country * United States of America

Let's get your dependent registered

Insurance information

The services provided at your school are at no-cost-to-patients. In order to provide these services at no-cost, Covid Clinic collects your insurance information. If you do not have insurance, Covid Clinic will still provide services at no-cost-to-patient.

Please select the patient's insurance status:

Insurance status

Insured

Not Insured

I have read and agree to the [INFORMED CONSENT FOR COVID-19 TESTING](#)

I have read and consent to Covid Clinic's [ASSIGNMENT OF BENEFITS FOR COVID-19 TESTING](#).

I have read and consent to Covid Clinic's [AUTHORIZATION FOR RELEASE, DISCLOSURE AND USE OF HEALTH INFORMATION](#).

I have read and agree to the website [Terms of Service, Privacy Policy](#), and [Communication Policy](#).

Cancel Register

To finish registering the student it will ask for another signature, this is the PARENT'S signature and again must be exactly the way they typed in their name when registering themselves or it won't be accepted.

Zip Code * 98277 Country * United States of America

Let's get your dependent registered

Signature

By signing below...

- I consent to review my test results via text or personal email and to communicate with Covid Clinic via text or email. I understand that communications via text and email may be unsecured and have a greater risk of disclosure.
- I confirm I am the patient or have the authority to sign on behalf of the patient. If you are signing on behalf of a minor, by signing below you are representing that you are authorized to consent to the administration of the testing services on behalf of the minor.
- In order to bill your insurance provider or the government/HRSA, an order from a licensed provider is required. Covid Clinic will accept an order from any licensed provider. However, if you do not have an order you consent to a telehealth consultation with a provider from Elevated Health. This consultation will be billed to your insurance or HRSA (for uninsured patients) by Elevated Health and you consent to Covid Clinic sharing your insurance information with Elevated Health for these purposes.

Guardian's signature:

Signature *

Ex. Type the guardian's name as entered above

Cancel Register

After signing you will be directed back to the dependents page. Click the drop down arrow on the existing dependents bar and select your dependent's name. Click the green button marked "place order for selected dependent".

(If you need to add another dependent, click the orange "add new dependent" button and it will take you back to the screen to fill in all the dependent's information.)

Dependents

Parents/guardians: Use this section to add, remove, or edit your dependents. To register a dependent for a test, choose the dependent from the drop down and then update their symptoms.

Existing dependents ▾ Place order for selected dependent Edit selected dependent

Add a new dependent Delete selected dependent

Disclosures and patient acknowledgement

- I have read and agree to the [INFORMED CONSENT FOR COVID-19 TESTING](#)
- I have read and consent to Covid Clinic's [ASSIGNMENT OF BENEFITS FOR COVID-19 TESTING](#).
- I have read and consent to Covid Clinic's [AUTHORIZATION FOR RELEASE, DISCLOSURE AND USE OF HEALTH INFORMATION](#).
- I have read and agree to the website [Terms of Service](#), [Privacy Policy](#), and [Communication Policy](#).

Signature

By signing below...

After placing an order you will get this window asking if the dependent has been exposed to COVID-19 and if they have any symptoms. Answer those question and click the green "save and close" button

The screenshot shows a web interface with a modal window titled "Placing order for dependent John Doe". The modal contains the following text and form elements:

Is it suspected that the patient has been exposed to COVID-19 in the past 14 days?

Yes

No

Has the patient observed any of the following symptoms within the last 14 days? (check all that apply)

- Fever
- Chills
- Coughing
- Headache
- Fatigue
- Nasal Congestion
- Sore Throat
- Myalgia
- Diarrhea
- Loss of Appetite
- Loss of taste or smell

At the bottom of the modal, there are two buttons: "Close" (orange) and "Save and Close" (green).

In the background, a form is partially visible with fields for "Code *" (containing "77") and "Country *" (containing "United States of America"). Below the modal, there is a "Dependents" section with a dropdown menu showing "John Doe". Further down, there are sections for "Disclosures and patient acknowledgement" and "Signature".

After ordering the test scroll all the way up to the top of the screen and click on the 3 little bars in the top left side of the screen. This will show you a drop down menu, select orders history.

The screenshot shows the top navigation bar of the COVID CLINIC website. A hamburger menu icon is on the left, and the text "COVID CLINIC" is on the right. A dropdown menu is open, listing "Account", "Orders history", "Profile", and "Log Out". Below the menu is a location selector showing "California". The main content area is titled "Parent/guardian Information" and includes a note: "All fields are required, unless otherwise indicated." The form contains several input fields: "First name *" with the value "Jane", "Last name *" with the value "Doe", "Primary language *" with a dropdown menu showing "English", "Date of birth *" with the value "01/01/1990", "Sex assigned at birth *" with a dropdown menu showing "Female", "Race *" with a dropdown menu showing "White", and "Ethnicity *" with a dropdown menu showing "Not Hispanic or Latino".

All tests ordered will appear under your order history. When you go to get tested, give the testing site the MRN number. This will always be a 03- with a five digit number following it.

The screenshot shows the "Orders history" section of the COVID CLINIC website. It features a table with the following columns: "Order Date (UTC) ↓", "Order Date", "mrn", "First Name", and "Last Name". The table contains one row of data: "Nov 9, 2021, 6:19:55 PM", "Nov 9, 2021, 10:19:55 AM", "03-39623", "John", and "Doe". At the bottom right of the table, there is a pagination control showing "Items per page: 10" and "1 - 1 of 1" with navigation arrows.

Order Date (UTC) ↓	Order Date	mrn	First Name	Last Name
Nov 9, 2021, 6:19:55 PM	Nov 9, 2021, 10:19:55 AM	03-39623	John	Doe

If you need to order additional tests after your first one you won't be required to register again. Just go to the <https://school.covidclinic.org> website, and click on the button on the homepage to request a new temporary password. You will receive a new password to your email, use that to log in as a returning user and either hit the place order button at the top of the screen for yourself, or go to the dependent drop down menu and place the order for your dependent from there.