

To register for the first covid test, log on to website [Https://School.covidclinic.org](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.

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](#)

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.

← Return to home

Let's get you registered

Are you a parent/guardian, student or staff? **If you are a staff AND a parent, select STAFF.**

Parent/Guardian Student Staff

State

Parent/guardian Information

Please enter your personal information. You will enter your dependents information later.

All fields are required, unless otherwise indicated.

First name	Last name
Primary language	
English	
Date of birth	Sex assigned at birth
Race	Ethnicity

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

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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

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](#).
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- 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 HPSA (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 screenshot shows a registration form overlaid on a larger background page. The background page includes fields for Zip Code (98277) and Country (United States of America). The foreground form has the following fields:

- Dependents**: A section with a note: "Parents/guardians: Use this section to add dependents from the drop down menu." It includes a button "Add a new dependent".
- Disclosures and patient information**: A section with a note: "All fields are required, unless otherwise indicated." It includes checkboxes for consent statements and input fields for First name, Last name, Student identification #, and Primary language.
- Signature**: A section with a note: "By signing below..." followed by a list of conditions and checkboxes. It includes a "Cancel" button and a "Register" button.

Let's get your dependent registered

Zip Code * 98277 Country * United States of America

Dependents

Parents/guardians: Use this section to add dependents from the drop down menu.

Add a new dependent

Disclosures and patient information

All fields are required, unless otherwise indicated.

I have read and agree to the terms and conditions

I have read and consent to the collection and use of my personal information

I have read and consent to the sharing of my personal information with third parties

I have read and agree to the sharing of my personal information with third parties

First name *

Last name *

Student identification # *

Primary language *

Cancel Register

Signature

By signing below...

- I consent to review my test results and understand that communication will be done via email or text message.
- I confirm I am the patient or guardian of the minor 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 appointment.

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 X

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:

Insured
 Not Insured

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 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 X

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:

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.

The screenshot shows a user interface for managing dependents. At the top, there is a dropdown menu labeled "Existing dependents" with a downward arrow. Next to it are three buttons: a teal button labeled "Place order for selected dependent", a teal button labeled "Edit selected dependent", and an orange button labeled "Add a new dependent". Below these are two more buttons: an orange button labeled "Delete selected dependent" and a red button labeled "Delete".

Disclosures and patient acknowledgement

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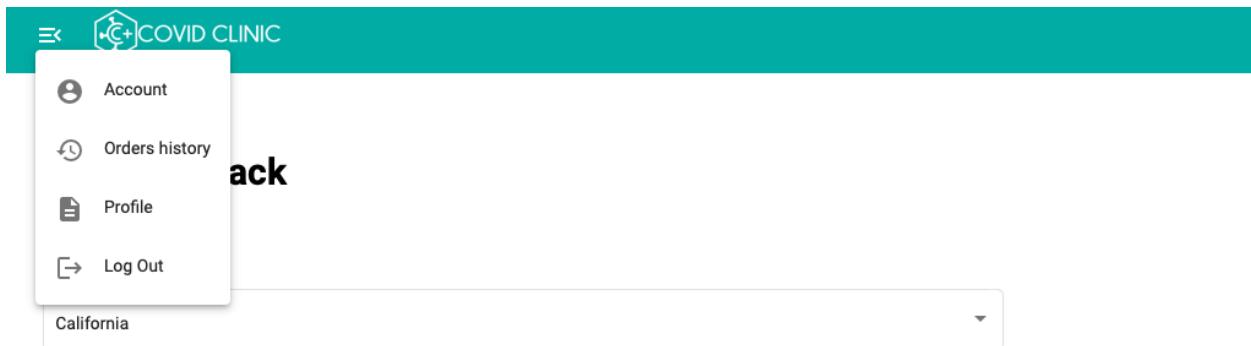
Signature

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 modal window titled "Placing order for dependent John Doe". It contains two questions: "Is it suspected that the patient has been exposed to COVID-19 in the past 14 days?" with "Yes" and "No" radio buttons, and "Has the patient observed any of the following symptoms within the last 14 days? (check all that apply)" with a list of symptoms: Fever, Chills, Coughing, Headache, Fatigue, Nasal Congestion, Sore Throat, Myalgia, Diarrhea, Loss of Appetite, and Loss of taste or smell. At the bottom are "Close" and "Save and Close" buttons. The background shows the main application interface with sections for dependents, disclosures, 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.



Parent/guardian Information

All fields are required, unless otherwise indicated.

First name *	Last name *
Jane	Doe
Primary language *	
English	
Date of birth *	Sex assigned at birth *
01/01/1990	Female
Race *	Ethnicity *
White	Asian American or Pacific Islander

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.

A screenshot of a mobile application interface. At the top, there is a teal header bar with the text "COVID CLINIC". Below the header is a white section titled "Orders history". A table is displayed with the following data:

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

Items per page: 10 < 1 - 1 of 1 >

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.