

El proceso de registro para la prueba de Covid-19 en la escuela:

Tiene que entrar a la pagina web : <https://school.covidclinic.org>

Si usted es un usuario que aún no se ha registrado

Deberá presionar este botón,

[Register for first test with Covid Clinic](#)

La siguiente parte le preguntará si usted es

Padre/ Tutor

Estudiante

Empleado

***Si usted es empleado y su hijo es estudiante es importante que se registre como Empleado.**

Let's get you registered

If you are a staff AND a parent, select STAFF.

Parent/Guardian Student Staff
Padre/Tutor Estudiante Empleado

The screenshot shows a web browser window with the URL 'school.covidclinic.org/register'. The page title is 'Staff Information' and 'Informacion de Empleado'. The form contains the following fields:

- First name * (Nombre)
- Last name * (Apellido)
- Employee Identification # * (Numero de identificacion)
- Primary language * (English / Lenguaje)
- Date of Birth (Use Calendar) (Fecha de nacimiento)
- Sex assigned at birth *
- Race *
- Ethnicity *
- Address * (Direccion)
- Apartment, suite, unit, etc. (optional)
- City *
- Zip Code *
- Country * (United States of America)

At the bottom, there is a note: 'Test results will be sent to the phone number and email you input below. To help ensure the results reach the email inbox, please add results@covidclinic.org to the receiving email address's whitelist or contact list.'

Complete todo el formulario de registro. A cada empleado se le proporcionó su número de identificación de empleado. Si no lo tienen, puede revisar su correo electrónico ya que este fue enviado por correo electrónico de parte de k12@covidclinic.org, Su gerente regional tiene una lista completa de empleados y puede ayudarlo con ese número de identificación.

Complete los espacios en el formulario de registro, incluido el teléfono móvil y su correo electrónico, dos veces para garantizar la precisión.

*** IMPORTANTE: Existen problemas técnicos con los correos electrónicos @icloud.com y @hotmail.com. Pedimos que por favor no las utilice ya que causará algún error y habrá demorado el proceso de registración.**

COVID CLINIC: K12 Portal x +

school.covidclinic.org/register

Chronic Kidney Disease
 Obesity
 Cancer
 Dialysis
 Smokes/Vapes

Informacion Medica

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: **Aseguranza medica**

Insurance status *

Disclosures and patient acknowledgement Consentimientos

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 understand Covid Clinic's [privacy 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 Driven Care. This consultation will be billed to your insurance or HRSA (for uninsured patients) by Driven Care and you consent to Covid Clinic sharing your insurance information with Driven Care for these

Si el usuario desea leer la información importante antes de marcar cada casilla reconociendo que leyeron y están de acuerdo, el usuario DEBE hacer clic con el botón derecho en el enlace y seleccionar Abrir en una pestaña nueva.

Firme el formulario de registro escribiendo su nombre y presione en "Registrar"

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 Driven Care. This consultation will be billed to your insurance or HRSA (for uninsured patients) by Driven Care and you consent to Covid Clinic sharing your insurance information with Driven Care for these purposes.

Your signature:

Signature *

I agree to using an electronic signature.

[Presione Registrar](#)

Como Hacer una Orden para la prueba de Covid-19

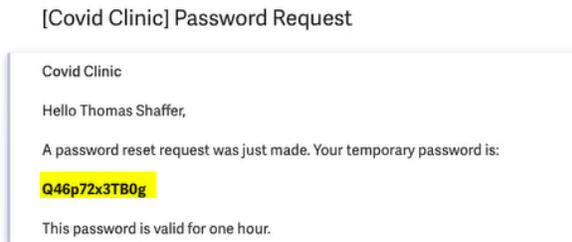
Después de registrarse para obtener una cuenta primero, regrese a la página web

<https://school.covidclinic.org>

Por motivos de seguridad, los usuarios deben iniciar sesión con un código de acceso temporal que cambia cada vez que el usuario regresa.

Trouble signing in? 
PRESIONE AQUI
[Request a temporary passcode](#) or contact us for help.

Ingrese a su correo electrónico ahí encontrará la contraseña temporal.



Luego regrese a la página y pegue la contraseña temporal de acceso.
Haga clic en Iniciar sesión.

Enter the email address you used when registering

Enter your temporary passcode

[Sign In](#)

***IMPORTANTE** La contraseña temporal solo es válida por 1 hora.
Una vez que haya iniciado sesión, pueden realizar un pedido.

Haga clic en "Realizar pedido"



Responda las preguntas que aparecen en la ventana y presione "Guardar y cerrar" y el orden se genera automáticamente.

Placing order

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

Yes

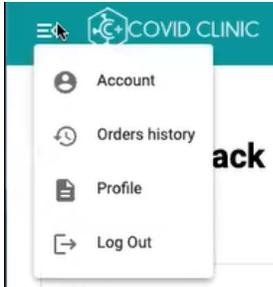
No

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

Fever

Chills

Para encontrar el pedido, haga clic en el botón de 3 líneas en el portal y seleccione "Historial de Ordenes"



El MRN en el historial de órdenes es el número de orden.

* **IMPORTANTE:** todos los pedidos de k-12 comienzan con "03-"

Orders history		
Order Date (UTC) ↓	Order Date	mm
Oct 25, 2021, 4:11:17 PM	Oct 25, 2021, 9:11:17 AM	03-13967