Predicine

Instructions for Online Registration through Curogram

Notes: Please read before continuing...

1. When an individual is signing up through the link, the registration process is intended to be for the person testing. **ie. Mom/Dad will sign up for Timmy, including all of Timmy's information that the registration process will ask.**

2. This sign up process will be only **needed once** before our Team conducts COVID-19 Testing for the individual. For the following times, you will be asked to provide minimal information from our Staff so that we may process the test samples. After we have your full Information on file **once** we will only need the following: ****Full Name, Date of Birth, and Cell Phone Number****

3. We encourage those who do not have access to technology to continue to **fill out the Paper TRF completely one time (Neatly and Legibly)**. We recommend for the school to scan and keep a copy of each individuals filled out TRF on file. **Each future time the student tests**, the teacher/staff can just print out the copies and hand it to our staff for processing. That will streamline the process and mitigate errors, especially with the volume of students that we are projected to conduct COVID-19 Tests on.

4. For Families without any source of documentumentation, we will provide an **Attestation Form** beforehand for the parents to fill out**(only needed one time)**. Students will need to bring this form with them when they first go to test.

5. Results will be sent out within 48 Hours. Results will be texted to the cell phone number provided as a link. Patient or Parent must follow that link and provide the full name and date of birth of the patient in order to access results. ****It is important that Predicine receives accurate Full Name, Date of Birth, and Cell Phone number for the Individual in order for them to access their results****

Step 1: Identification - Add in Cell Phone Number(You may use same phone number for multiple children)

<   **Identification**

What is your cell phone number?

Cellphone number   +1 (408) 123-4567

I do not have a cell phone number

[Next]

Step 2: Demographics - Required*: First Name, Last Name, Date of Birth

<   **Demographics**

Enter your information:

First Name*	Timmy
Middle Name	Middle Name
Last Name*	Neutron
Date of Birth*	April 4 2009
Home Phone Number	Home Phone Number
Email	timmysparents@gmail.com
Sex*	Male
Race	Race
Ethnicity	Ethnicity
Language Preference	Language Preference

[Next]

Step 3: Patient's Current Address

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<   **Patient Address**

Select your address type:

- ✓ Legal Address
- ◯ Permanent
- ◯ Current
- ◯ Mailing
- ◯ Home

Address

Address*	3555 Arden Road
City*	Hayward
County*	Alameda
State*	CA ▾
Unit Number	Unit Number
Zip Code*	94545

Next

Step 4: Guardian's Information(Optional for ages 18+)

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Guardian

First Name*   TimmysMom

Middle Name   Middle Name

Last Name*   Neutron

Date of Birth   Month   Day   Year

Cell Phone Number*   +1 (408) 123-4567

Email   timmysparents@gmail.com

Sex   Sex

Relation*   Parent

Address   Address

City   City

State   Select state

Zip Code   Zip Code

Next

Step 5: Emergency Contact(Optional for Ages 18+)

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Emergency Contact

First Name*   TimmysDad

Middle Name   Middle Name

Last Name*   Neutron

Cell Phone Number*   +1 (408) 765-4321

Skip   **Next**

Step 6A: Patients with Insurance(Fill out Member ID, Insurance Company name and upload a picture of their Insurance card)

Step 6B - Patient's with no Insurance. Select No Insurance, Upload picture of Driver's license or Social Security Card or Passport.

Step 7 - Consent Agreement, scroll down and agree to the consent to move on to the next step.

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<   **Consent**

Voluntary Consent to Receive COVID-19 Tests and Waiver and Release of Liability and Hold Harmless Agreement

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness. Symptoms may appear within 2-14 days after exposure to the virus. People with these symptoms may have COVID-19; fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting an, diarrhea. These are just some of the symptoms of COVID-19 and they are not intended to be an exhaustive list. If you have any one or more of these symptoms, or other symptoms, and you believe or are concerned you might have contracted COVID-19, or you have had close contact (within 6 feet for a total of 15 minutes or more) with someone with confirmed COVID-19, or you have taken part in activities that put you at higher risk for COVID-19 because you cannot socially distance as needed, such as travel, attending large social or mass gatherings, or being in crowded indoor settings, or you have been asked or referred to get testing by their healthcare provider, or state or local health department, you may decide you want to get tested for COVID-19. If you do get tested, self-quarantine/isolate at home pending test results and follow the advice of your health care provider or a public health professional. If you test positive, know what protective steps to take to prevent others from getting sick, such as the following.

- Stay home. Most people with COVID-19 have mild illness and can recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- Take care of yourself. Get rest and stay hydrated. Take over-the-counter medicines, such as acetaminophen, to help you feel better.
- Stay in touch with your doctor. Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.
- Avoid public transportation, ride-sharing, or taxis.
- Separate yourself from other people
- As much as possible, stay in a specific room and away from other people and pets in your home. If possible, you should use a separate bathroom. If you need to be around other people or animals in or outside of the home, wear a mask.
- Tell your close contacts that they may have been exposed to COVID-19. An infected person can spread

Step 8 - Patient or Guardian Signature

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<   **Signature**

By placing my signature below, I certify that the information on this patient registration is correct and I fully understand and agree with the following:

- Voluntary Consent to Receive COVID-19 Tests and Waiver and Release of Liability and Hold Harmless Agreement

Draw your signature in the box below

Clear

Agree and Sign

Step 9 - Complete (Once you're at this screen, you're all set)

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Thank you for your submission.