COVID Connect Instructions for Preregistration
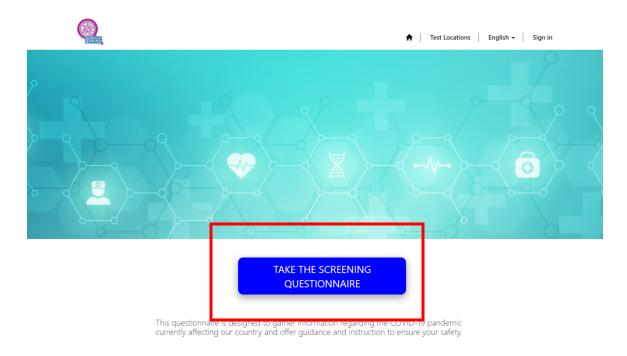
1. Go to registration website: https://register.covidconnect.wi.gov/
2. Select: **"Take the Screening Questionnaire"**

This questionnaire is designed to gather information regarding the COVID-19 pandemic currently affecting our country and offer guidance and instruction to ensure your safety.

3. Enter code from the image and **Select "Next"**

This questionnaire is designed to gather information regarding the COVID-19 pandemic currently affecting our country and offer guidance and instruction to ensure your safety. If you have difficulties completing the registration, you may register in person at the Community Test site.
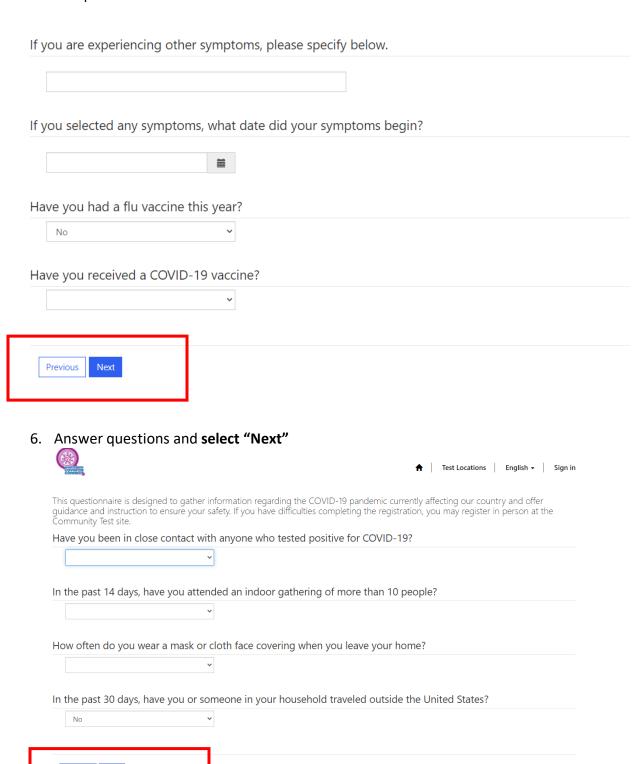
Please fill out the code below before proceeding

gQnkHZX

Generate a new image
Play the audio code

gQnkHZX   **Enter the code from the image**

Next

4. Answer the questions for the short questionnaire.

This questionnaire is designed to gather information regarding the COVID-19 pandemic currently affecting our country and offer guidance and instruction to ensure your safety. If you have difficulties completing the registration, you may register in person at the Community Test site.

Do you currently work in a healthcare setting with direct patient contact?

No ▾

Are you a First Responder / Fire / EMS Provider?

No ▾

What is your occupation? * - If not employed, please enter "N/A"

What is your Industry? *

Do you have any of the following conditions? (Select all that apply)

☐ Diabetes	☐ Chronic Lung Disease
☐ Asthma	☐ Chronic Kidney Disease
☐ Emphysema	☐ Chronic Liver Disease
☐ Heart Disease	☐ Suppressed immune system due to a condition or medication (e.g. cancer, HIV)
☐ High Blood Pressure (Hypertension)	

Are you experiencing any of the following symptoms? (Select all that apply)

☐ Fever	☐ Chills
☐ Cough	☐ Headache
☐ Sore Throat	☐ Nausea
☐ Difficulty Breathing	☐ Abdominal pain
☐ Loss of Smell	☐ Body Aches/Pains
☐ Loss of Taste	☐ Vomiting
☐ Runny Nose	☐ Diarrhea (>3 loose stools/day)
☐ Fatigued/unusually tired	☐ I am not currently experiencing any symptoms.

5. Complete and **select "Next"**

If you are experiencing other symptoms, please specify below.

If you selected any symptoms, what date did your symptoms begin?

Have you had a flu vaccine this year?

No

Have you received a COVID-19 vaccine?

Previous | Next

6. Answer questions and **select "Next"**

🏠 | Test Locations | English ▾ | Sign in

This questionnaire is designed to gather information regarding the COVID-19 pandemic currently affecting our country and offer guidance and instruction to ensure your safety. If you have difficulties completing the registration, you may register in person at the Community Test site.

Have you been in close contact with anyone who tested positive for COVID-19?

In the past 14 days, have you attended an indoor gathering of more than 10 people?

How often do you wear a mask or cloth face covering when you leave your home?

In the past 30 days, have you or someone in your household traveled outside the United States?

No

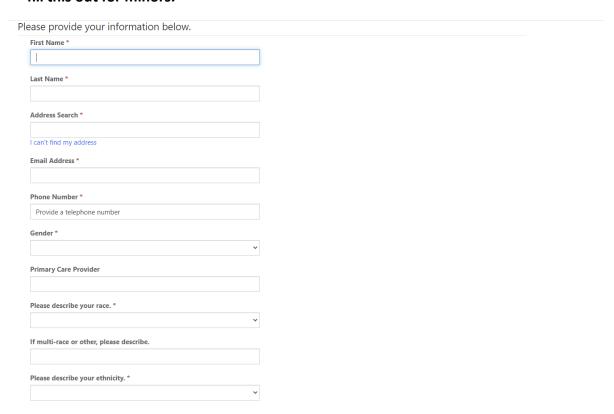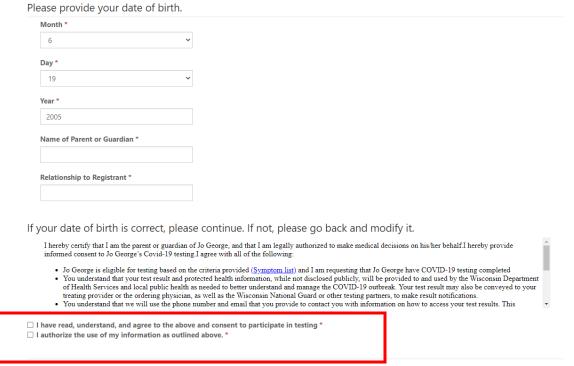Previous | Next

7. Provide demographic information for the individual being tested. **Parent/Guardian will fill this out for minors.**

Please provide your information below.

First Name *

Last Name *

Address Search *

I can't find my address

Email Address *

Phone Number *

Provide a telephone number

Gender *

Primary Care Provider

Please describe your race. *

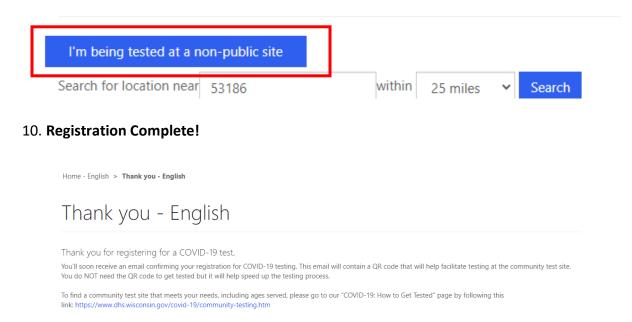If multi-race or other, please describe.

Please describe your ethnicity. *

8. When a Birthdate for a minor is entered, the user will be prompted to consent. **Check boxes to verify the consent was read and authorized.**

Please provide your date of birth.

Month *

6

Day *

19

Year *

2005

Name of Parent or Guardian *

Relationship to Registrant *

If your date of birth is correct, please continue. If not, please go back and modify it.

I hereby certify that I am the parent or guardian of Jo George, and that I am legally authorized to make medical decisions on his/her behalf. I hereby provide informed consent to Jo George's Covid-19 testing. I agree with all of the following:

- Jo George is eligible for testing based on the criteria provided (Symptom list) and I am requesting that Jo George have COVID-19 testing completed
- You understand that your test result and protected health information, while not disclosed publicly, will be provided to and used by the Wisconsin Department of Health Services and local public health as needed to better understand and manage the COVID-19 outbreak. Your test result may also be conveyed to your treating provider or the ordering physician, as well as the Wisconsin National Guard or other testing partners, to make result notifications.
- You understand that we will use the phone number and email that you provide to contact you with information on how to access your test results. This

☐ I have read, understand, and agree to the above and consent to participate in testing *
☐ I authorize the use of my information as outlined above. *

9. User will be redirected to select a test center. For k-12 testing, **select "I'm being tested at a non-public site"**

Select Test Center

I'm being tested at a non-public site

Search for location near 53186 within 25 miles ▾ Search

10. **Registration Complete!**

Home - English > **Thank you - English**

Thank you - English

Thank you for registering for a COVID-19 test.
You'll soon receive an email confirming your registration for COVID-19 testing. This email will contain a QR code that will help facilitate testing at the community test site. You do NOT need the QR code to get tested but it will help speed up the testing process.

To find a community test site that meets your needs, including ages served, please go to our "COVID-19: How to Get Tested" page by following this link: https://www.dhs.wisconsin.gov/covid-19/community-testing.htm

11. A **QR code** will be emailed to the provided email address for each person preregistered. **Present your QR code** upon arrival to the testing event.

Example:

Hello Jo,

Thank you for registering to receive a COVID-19 test. For a list of Wisconsin community testing sites, and more information, please go to our "COVID-19: How to Get Tested" page by following this link: Wisconsin Department of Health Services. "No touch" interactions will be implemented at all testing centers. Some sites may ask you to stay in your car. Other sites will screen you before you come indoors. Please bring the confirmation code and/or QR code with you (on your phone or printed) when you arrive for your test.