

如何报名参加测试

(洛杉矶郡)

1. 从一台计算机上，找到桌面，然后**点**击以下图标之一。他们中的任何一个都可以使用。不同的计算机具有不同的浏览器。



Opera



Google Chrome



Safari



Mozilla Firefox

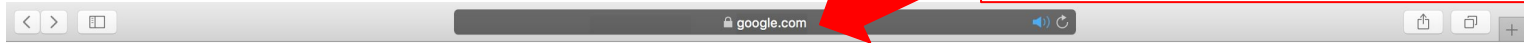


Internet Explorer



Microsoft Edge

2. 前往www.google.com。



About Store

Gmail Images

Sign in

Google

3. 输入“pvhmc covid testing”。

pvhmc covid testing

Google Search

I'm Feeling Lucky

See how YouTube Creators are wellbeing this World Mental Health Day

4. 点击这里搜索。



pvhmc covid testing



All Shopping Maps News Images More Settings Tools

About 12,600,000 results (1.82 seconds)

COVID-19 alert

Coronavirus disease

Overview

Testing

Statistics

Coping

News

Health Info

Share

Testing for coronavirus (COVID-19)

Understand risk factors and next steps

Take a self-assessment

Talk to a healthcare provider

Follow local health authority guidance

Call ahead to confirm

For informational purposes only. Consult your local medical authority for advice.

5. 点击这里。

www.pvhmc.org › the-coronavirus-covid-19- › covid-...

COVID-19 Drive-Through Testing Sites and Events - Pomona ...

Events are free of charge and do not require health insurance. **Testing** Sites for Los Angeles County Residents. The Los Angeles County **COVID-19 screening** ...

www.pvhmc.org › patients-visitors › the-coronavirus-fa...

Coronavirus (COVID-19) FAQs | Pomona Valley Hospital ...

Can I get **tested** for the **coronavirus**? There are **COVID-19 drive-through testing** sites in Los Angeles County and events in San Bernardino County. At these drive - ...



COVID-19 Drive-Through Testing Sites and Events

There are COVID-19 drive-through testing sites in Los Angeles County and events in San Bernardino County. At these drive-through testing sites and events, samples are collected by public health professionals by inserting a nasal swab up the nostril. These samples are then sent to a laboratory for testing. Events are free of charge and do not require health insurance.

Testing Sites for Los Angeles County Residents

The Los Angeles County COVID-19 screening sites are currently available by appointment only. There are currently 35 sites throughout Los Angeles County. Anyone who is interested in getting tested must first register on the screening website: coronavirus.lacity.org/Testing. Appointment times will be available for the following day only.

Testing Events in San Bernardino County

For information about COVID-19 screening events in San Bernardino County – and to make an appointment, visit the website: <http://sbccovid19.com/community-drive-through-events/>.

The Coronavirus (COVID-19)

PVHMC PROTECTS

PVHMC TE PROTEGE

HOSPITAL PREPAREDNESS

CARING FOR SOMEONE WITH
COVID-19 AT HOME

COVID-19 DRIVE-THROUGH
TESTING SITES AND EVENTS

HOW TO DONATE CONVALESCENT
PLASMA

6. 向下滚动, 然后点击这里。



Get tested for COVID-19

Testing is currently available for LA County residents with signs or symptoms of COVID-19 or have been contact with a person known to be exposed to someone with a confirmed COVID-19 based on the LA Department of Public Health recommendations. For more information, please visit <http://covid19.lacounty.gov/testing>.

If you do not meet these criteria, please practice physical distancing and wear face coverings when out in public.

For non-LA County residents, please visit the California Testing Taskforce site: <https://www.arcgis.com/apps/Nearby/index.html?appid=43118dc0d5d348d8ab20a81967a15401>.

MAKE AN APPOINTMENT NOW



7. 点击这里。

Frequently Asked Questions

Where should I go get tested? 

What kind of COVID-19 test is being offered? 

When and how will I receive results about my test? 

Who pays for my test? 

Do you have any of the following symptoms?

Please check all that apply.

发烧或发冷

Fever or chills

咳嗽

Cough

气促或呼吸困难

Shortness of breath or difficulty breathing

疲劳

Fatigue

肌肉或身体疼痛

Muscle or body aches

新近的味觉或嗅觉丧失

New loss of taste or smell

头痛

Headache

咽喉炎

Sore throat

鼻塞或流鼻涕

Congestion or runny nose

恶心或呕吐

Nausea or vomiting

腹泻

Diarrhea

8. 点击您遇到的症状。

9. 点击这里。

RETURN

SAVE AND CONTINUE

Support

When did your symptoms begin?

Date (MM/DD/YYYY)

1 0 / 2 2 / 2 0 2 0

10. 输入您开始出现症状的日期，然后[点击这里](#)。

RETURN

SAVE AND CONTINUE

In the last 14 days, have you been in contact with a person known to be infected with COVID-19?

在过去14天内, 您是否与已知新冠病毒的人接触过?

Please choose one of the following

有
没有

YES

NO

11. 点击这里。



RETURN

SAVE AND CONTINUE

Have you attempted to contact your provider prior to scheduling a drive-through test?

您是否在预约开车检测之前尝试与您的医生联系过？

Testing for COVID-19 is best performed in partnership with a provider that knows you well (e.g., your primary health care provider). This leads to better continuity of care and improved follow-up.

Please choose one of the following.

有，我的医生不能提供检测。

Yes, my health care provider would not provide me a test

没有，我没有尝试联系我的医生。

No, I didn't attempt to contact my health care provider

没有，我没有医生。

No, I don't have a health care provider

12. 点击这里。

RETURN

SAVE AND CONTINUE



I live in a ...

我住在一个 ...

Please choose one of the following.

专门护理院, 生活辅助院, 记忆护理院或食宿护理院。

Skilled nursing, assisted living, memory care or board and care facility

无家可归者收容所。

Homeless shelter

危机/过渡性住房。

Interim / bridge / crisis / transitional housing

临时家庭或团体家庭。

Halfway home or group home

戒毒所。

Substance use residential facility

精神病院。

Mental health residential facility

以上都不是。

None of the above

13. 点击这里。

RETURN

SAVE AND CONTINUE



Do you work in any of the following?

您是否在以下任何一个地方工作？

Please choose one of the following.

专门护理院，生活辅助院，记忆护理院或食宿护理院。

Skilled nursing, assisted living, memory care or board and care facility

无家可归者收容所。

Homeless shelter

危机/过渡性住房。

Interim / bridge / crisis / transitional housing

临时家庭或团体家庭。

Halfway home or group home

戒毒所。

Substance use residential facility

精神病院。

Mental health residential facility

以上都不是。

None of the above

14. 点击这里。

RETURN

SAVE AND CONTINUE

What is your email address?

Please enter your email in the space below to receive a secure link to schedule an appointment

15. 输入您的电子邮件地址，然后[点击这里](#)。

RETURN

SEND SCHEDULING LINK

[I don't have an email address](#)

Email confirmed.

A secure link will be sent to

@gmail.com

Please check your email to schedule your COVID-19 drive-through testing appointment.

16. 查看你的邮件。

Book Your Appointment with Fulgent Genetics

Inbox x



Fulgent Genetics <DoNotReply@fss.fulgengt...> 12:04 PM (1 minute ago) ☆ ↶ ⋮
to me ▾



Book your appointment with Fulgent Genetics

Hello!

Please click the link below to schedule your appointment for COVID-19 testing with Los Angeles County. Thank you for choosing Fulgent as your test provider.

BOOK YOUR APPOINTMENT HERE



17. 打开电子邮件后, 请点击这里.

PANORAMA CITY

14665 Roscoe Blvd
Panorama City, CA

MONTEBELLO CIVIC CENTER

1600 W. Beverly Blvd
Montebello, CA

HUBERT HUMPHREY COMPREHENSIVE HEALTH CENTER

5850 S. Main St.
Los Angeles, CA

HIGH DESERT REGIONAL HEALTH CENTER

335 East Avenue I
Lancaster, CA

MID-VALLEY COMPREHENSIVE HEALTH CENTER

7515 Van Nuys Blvd
Van Nuys, CA

EL MONTE COMPREHENSIVE HEALTH CENTER

10953 Ramona Blvd
El Monte, CA

GLENDALE HEALTH CENTER

501 N. Glendale Avenue
Glendale, CA

18. 请选一个地址，
并点击这里。

SAVE AND CONTINUE

Pick a date and time

Please choose one of the available dates for Panorama City.

OCTOBER 23, 2020 ^

12:15 PM - 12:30 PM	16 slots available
12:30 PM - 12:45 PM	11 slots available
12:45 PM - 1:00 PM	19 slots available
1:00 PM - 1:15 PM	9 slots available
1:15 PM - 1:30 PM	16 slots available
1:30 PM - 1:45 PM	10 slots available
1:45 PM - 2:00 PM	18 slots available
2:00 PM - 2:15 PM	3 slots available
2:15 PM - 2:30 PM	0 slots available
2:30 PM - 2:45 PM	1 slot available
2:45 PM - 3:00 PM	0 slots available

OCTOBER 26, 2020 v

19. 请选一个日子和时间，并点击这里。

RETURN

SAVE AND CONTINUE

What is your address?

您的住址是什么？

Please fill out all the sections below

Zip code 邮政编码

91711

Claremont, CA

Street address 街道名称

333 N College Way

Apartment, suite, unit, building, floor, etc

City 城市名

Claremont

State 州名

CA

20. 输入所需要的信息，并点击这里。

RETURN

SAVE AND CONTINUE

What is your full name? 您的姓名是什么？

Please enter your full name in the space below.

First name 名字

Middle name 中间名

Last name 姓

21. 输入所需要的信息, 并点击这里。

RETURN

SAVE AND CONTINUE



What is your date of birth? 您的生日是什么？

Date (MM/DD/YYYY) 月/日/年

22. 输入所需要的信息, 并点击这里。

RETURN

SAVE AND CONTINUE

What is your phone number?

您的电话号码是什么？

() -

Please check this box to consent to receiving text messages about your test results. 请选择此框，以同意接收有关您的测试结果的短信。

RETURN

SAVE AND CONTINUE

23. 输入所需要的信息，并点击这里。



Demographics: Part One 个人信息: 第一部分

Please fill all of the sections below.

🕒 Why are we asking for this?

Sex (at Birth)

- Female
- Male
- Other
- Prefer not to state

出生性别

女男
其他的
不想回答

Gender Identity

- Female
- Male
- Transgender Female (MTF)
- Transgender Male (FTM)
- Gender Queer
- Other
- Prefer not to state

性别认同

女
男
变性女性
变性男性
性别酷儿
其他的
不想回答

Sexual Orientation


- Heterosexual
- Gay/lesbian
- Bisexual
- Other
- Prefer not to state

性取向

异性恋
同性恋
双性恋
其他的
不想回答

RETURN

SAVE AND CONTINUE



24. 输入所需要的信息, 并点击这里。

Demographics: Part Two

个人信息: 第二部分

Please fill all of the sections below.

② Why are we asking for this?

Race

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Prefer not to state

人种

美洲印第安人或阿拉斯加本地人
亚洲人
黑人或非裔美国人
夏威夷本地人或其他太平洋岛民
白人
其他的
不想回答

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino
- Other
- Prefer not to state

种族

西班牙裔或拉丁裔
不是西班牙裔或拉丁裔
其他的
不想回答

RETURN

SAVE AND CONTINUE



25. 输入所需要的信息, 并点击这里。

- English (English)
- Farsi (فارسی)
- Japanese (日本語)
- Khmer (ភាសាខ្មែរ)
- Korean (한국어)
- Mandarin (简体中文)
- Russian (русский)
- Spanish (Español)
- Tagalog (Tagalog)
- Thai (ไทย)
- Vietnamese (Tiếng Việt)
- Other

26. 请点击您的首选语言，并点击这里。

RETURN

SAVE AND CONTINUE



CONSENT FOR COVID-19 DIAGNOSTIC TESTING

Please read the consent below.

Testing Consent

I am at least eighteen (18) years of age or in other ways am legally able to sign this Consent.

I voluntarily consent and allow the County of Los Angeles, Fulgent Genetics, Healthvana, and their partners to test me and/or the individual(s) named below to diagnose if I/they have COVID-19 as applicable.

I understand that the type of test I am signing up for is a **molecular test for SARS-CoV-2**. The test will look for any viral RNA. For the test, I/ they must get a swab sample from inside the nose.

Results

I understand and agree to:

- Stay away from others until I get the results.

- YES, I have read and agree with this consent to get a COVID-19 test for myself and the individuals named below.
- YES, I have read and agree with this consent to get a COVID-19 test for my child or dependent.
- NO, I do not agree with this consent and will not get a COVID-19 test at a County supported testing site.

是的，我已阅读并同意此同意书，以便为自己和以下个人获得新冠病毒测试。

是的，我已阅读并同意此同意书，以便为子女或家属获得新冠病毒测试。

不，我不同意此同意书，而且不会去郡指定的测试中心去做新冠病毒测试。

RETURN

SAVE AND CONTINUE

27. 请点击这里。

Testing in Los Angeles is paid for primarily by health insurance.

Do you have health insurance?

Please choose one of the following.

② Why are we asking for this information?

<input type="radio"/>	YES	有
<input checked="" type="radio"/>	NO	没有

RETURN

SAVE AND CONTINUE

洛杉矶的测试主要由健康保险支付。

您有健康保险吗？

28. 点击这里。

What is your drivers license number or social security number? 您的驾照号码或社会安全号码是什么？

② Why are we asking for this information?

Drivers License Number 驾照号码

Social Security Number 社会安全号码

[Show](#)

RETURN

SAVE AND CONTINUE

28. 输入所需要的信息，并点击这里。

[I am unable to provide either](#)

如果无法提供这信息，请点击这里。

Confirm Your Booking Appointment

Please review and confirm the information below is correct by clicking the "BOOK APPOINTMENT" button.

- I commit to attend this appointment as shown below
- I AGREE to cancel IF I am unable to attend so the appointment can be released for another County resident

RETURN

BOOK APPOINTMENT

Edit

Panorama City

14665 Roscoe Blvd
Panorama City, CA

Edit

Date: October 23, 2020

Time: 1:45 PM - 2:00 PM

Edit

Name

Jose Francisco Carranza

Edit

Date of Birth

09/26/2000

Edit

Phone Number

(323) 901-5970

Edit

Home Address

333 N College Way
Claremont, CA 91711

Edit

Sex (at Birth)

Male

Gender Identity

Male

Sexual Orientation

Heterosexual

我同意参加如下的预约。
我同意取消预约如果我不能参加，可以
将此预约让给另外一个人。



29. 复看信息，选择此框，并
点击这里。

恭喜您！您已成功预约。