

# 如何報名參加測試

(洛杉磯郡)

從一台計算機上，找到桌面，然後點擊以下圖標之一。他們中的任何一個都可以使用。不同的計算機具有不同的瀏覽器。



Opera



Google Chrome



Safari



Mozilla Firefox

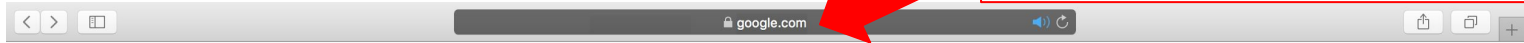


Internet Explorer



Microsoft Edge

2. 前往www.google.com。



About Store

Gmail Images



Sign in

Google

3. 輸入“pvhmc covid testing”。

pvhmc covid testing

Google Search

I'm Feeling Lucky

See how YouTube Creators are wellbeing this World Mental Health Day

4. 點擊這裡搜索。

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 v

Follow local health authority guidance v

Call ahead to confirm v

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

5. 點擊這裡。

www.pvhmc.org &gt; the-coronavirus-covid-19- &gt; covid-... v

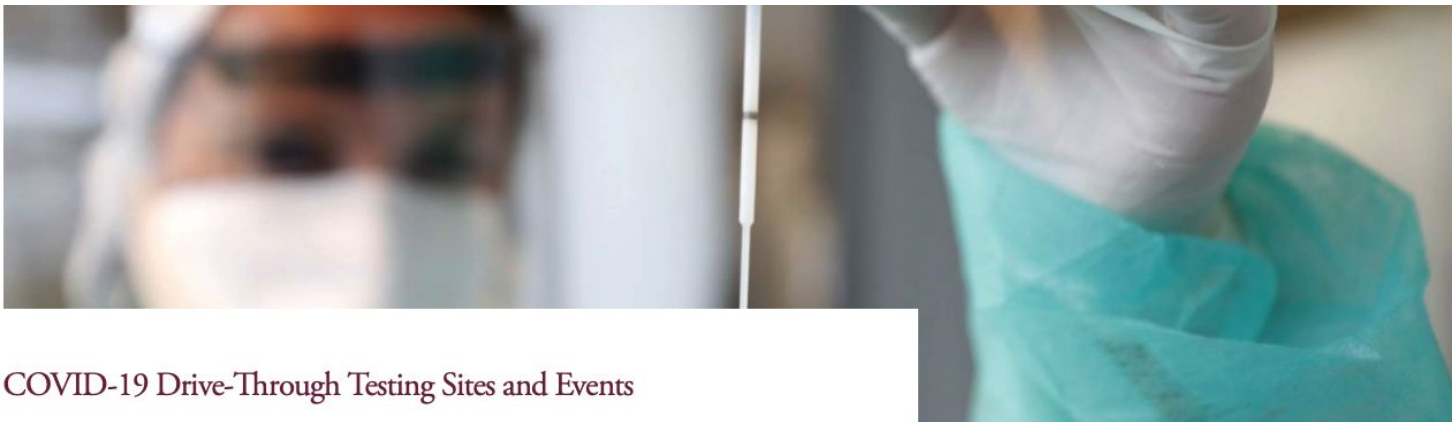
## COVID-19 Drive-Through Testing Sites and Events - Pomona ...

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 &gt; patients-visitors &gt; the-coronavirus-fa... v

## 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](https://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. 向下滾動, 然後點擊這裡。

## 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. 點擊這裡。

### 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.

發燒或發冷

Fever or chills

咳嗽

Cough

氣促或呼吸困難

Shortness of breath or difficulty breathing

疲勞

Fatigue

肌肉或身體疼痛

Muscle or body aches

新近的味覺或嗅覺喪失

New loss of taste or smell

頭痛

Headache

咽喉炎

Sore throat

鼻塞或流鼻涕

Congestion or runny nose

噁心或嘔吐

Nausea or vomiting

腹瀉

Diarrhea

8. 點擊您遇到的症狀

9. 點擊這裡。

RETURN

SAVE AND CONTINUE

Support

## When did your symptoms begin?

Date (MM/DD/YYYY)

1 0 / 2 2 / 2 0 2 0

10. 輸入您開始出現症狀的日期, 然後點擊這裡。

RETURN

SAVE AND CONTINUE



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

在過去14天內，您是否與已知新冠病毒的人接觸過？

Please choose one of the following

有  
没有

YES

NO

11. 點擊這裡。

RETURN

SAVE AND CONTINUE



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

您是否在預約開車檢測之前嘗試與您的醫生聯繫過？

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，我的醫生不能提供檢測。

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

沒有，我沒有嘗試聯繫我的醫生。

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

沒有，我沒有醫生。

No, I don't have a health care provider

12. 點擊這裡。

RETURN

SAVE AND CONTINUE



I live in a ...

我住在一個 ...

Please choose one of the following.

專門護理院, 生活輔助院, 記憶護理院或食宿護理院。

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

無家可歸者收容所。

Homeless shelter

危機/過渡性住房。

Interim / bridge / crisis / transitional housing

臨時家庭或團體家庭。

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. 點擊這裡。

RETURN

SAVE AND CONTINUE



## Do you work in any of the following?

您是否在以下任何一個地方工作？

Please choose one of the following.

專門護理院，生活輔助院，記憶護理院或食宿護理院。

無家可歸者收容所。

危機/過渡性住房。

臨時家庭或團體家庭。

戒毒所。

精神病院。

以上都不是。

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

Homeless shelter

Interim / bridge / crisis / transitional housing

Halfway home or group home

Substance use residential facility

Mental health residential facility

None of the above

14. 點擊這裡。

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. 輸入您的電子郵件地址，然後點擊這裡。

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. 查看你的郵件。

## Book Your Appointment with Fulgent Genetics

Inbox x



**Fulgent Genetics** <DoNotReply@fss.fulgentg...> 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. 打開電子郵件後，請  
點擊這裡。

**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. 請選一個地址，  
並點擊這裡。

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
<b>1:45 PM - 2:00 PM</b>	<b>18 slots available</b>
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. 請選一個日子和時間，並點擊這裡。

RETURN

SAVE AND CONTINUE

## What is your address?

您的住址是什麼？

Please fill out all the sections below

Zip code 郵政編碼

91711

Claremont, CA

Street address 街道名稱

333 N College Way

Apartment, suite, unit, building, floor, etc

City 城市名

Claremont

State 州名

CA

20. 輸入所需要的信息，並點擊這裡。

RETURN

SAVE AND CONTINUE

## What is your full name? 您的姓名是什麼？

Please enter your full name in the space below.

First name 名字

Middle name 中間名

Last name 姓

21. 輸入所需要的信息，並點擊這裡。

RETURN

SAVE AND CONTINUE



What is your date of birth? 您的生日是什麼？

Date (MM/DD/YYYY) 月/日/年

22. 輸入所需要的信息，並點擊這裡。

RETURN

SAVE AND CONTINUE

What is your phone number?

您的電話號碼是什麼？

(  )  -

- Please check this box to consent to receiving text messages about your test results. 請選擇此框，以同意接收有關您的測試結果的短信。

23. 輸入所需要的信息，並點擊這裡。

RETURN

SAVE AND CONTINUE

## Demographics: Part One 個人信息：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

### 出生性別

- 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

### 性別認同

- 女
- 男
- 變性女性
- 變性男性
- 性別酷兒
- 其他的
- 不想回答

### Sexual Orientation


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

### 性取向

- 異性戀
- 同性戀
- 雙性戀
- 其他的
- 不想回答

RETURN

SAVE AND CONTINUE



24. 輸入所需要的信息，並點擊這裡。

## Demographics: Part Two

## 個人信息：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

### 人種

美洲印第安人或阿拉斯加本地人  
亞洲人  
黑人或非裔美國人  
夏威夷本地人或其他太平洋島民  
白人  
其他的  
不想回答

### Ethnicity

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

### 種族

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. 輸入所需要的信息，並點擊這裡。

- 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. 請點擊您的首選語言，並點擊這裡。

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，我已閱讀並同意此同意書，以便為自己和以下個人獲得新冠病毒測試。

是的，我已閱讀並同意此同意書，以便為子女或家屬獲得新冠病毒測試。

不，我不同意此同意書，而且不會去郡指定的測試中心去做新冠病毒測試。

RETURN

SAVE AND CONTINUE

27. 請點擊這裡。

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?

YES

NO

有

沒有

RETURN

SAVE AND CONTINUE

洛杉磯的測試主要由健康保險支付。

您有健康保險嗎？

28. 點擊這裡。



# What is your drivers license number or social security number? 您的駕照號碼或社會安全號碼是什麼？

② Why are we asking for this information?

Drivers License Number 駕照號碼

Social Security Number 社會安全號碼

Show

RETURN

SAVE AND CONTINUE

您的駕照號碼或社會安全號碼是什麼？

I am unable to provide either

如果無法提供這信息，請點擊這裡。

## 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

我同意參加如下的預約。我同意取消預約如果我不能參加，可以將此預約讓給另外一個人。



30. 復看信息，選擇此框，並點擊這裡。

**恭喜您！您已成功預約。**