

08/1/22 Update: Rapid Antigen and PCR testing hours have been reduced to 7am - 10am Monday-Friday. This testing is only available for School District of La Crosse STUDENTS and STAFF.



We are fortunate to be able to provide free COVID testing to staff and students for the 2022-23 school year. Due to changes in the program from the Department of Health Services, our testing site at the Hogan Administrative Building (807 East Ave. South) will have reduced hours starting August 1st, 2022. These new hours will be 7:00 am - 10:00 am Monday-Friday. In addition, the testing site will only be available for staff and students of the School District of La Crosse. We apologize for any inconvenience this may cause to families. Other community testing options can be found [here](#).

DO I NEED TO PROVIDE CONSENT FOR MY CHILD TO BE TESTED?

YES! Parent/guardian consent is required for all student testing and can be done through the [self-registration process](#) below.

WHAT TYPE OF TEST IS THIS?

Both tests consist of a shallow nasal swab in both nostrils (similar to a q-tip circling each side of the nostril) and is not the deep nasal swab that some community testing sites have used. Students who are able and willing (particularly those ages 12 and up) can administer the swab themselves with supervision of a school nurse or health assistant. For any student not able or willing to do the swab themselves, it will be administered by the school nurse or the school health assistant.

TESTING REGISTRATION

We highly recommend pre-registration before testing at a district drive-up testing site. Pre-registration is needed prior to each time you are tested and for each individual being tested. While registering, you will be asked for a testing location; please be sure to indicate that you are being tested at a non-public site. Your test results will be emailed to the address used in the registration process. Please use the link below to pre-register:

<https://register.covidconnect.wi.gov/>

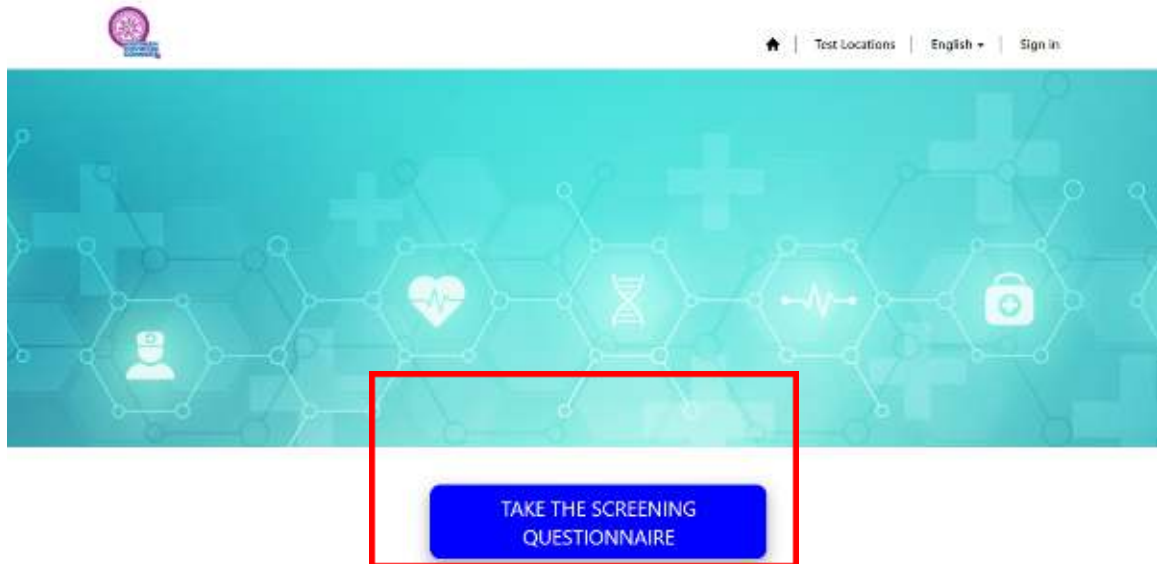
Directions for pre-registering can be found below. If you do not have access to a device or have difficulty pre-registering, on-site registration support will be available.

| |
|--|
| COVID District Testing Site <small>Open to School District of La Crosse students and staff only</small> |
| MONDAY-FRIDAY (5 DAYS PER WEEK ON DAYS SCHOOL IN SESSION) |
| Hogan Administrative Center 807 East Ave South |
| 7:00 am-10:00 am |
| Testing location can be accessed through the Gym doors on the north west corner of the Hogan building. |
| PCR and Antigen testing is available at each site. Pre-registration is recommended: https://register.covidconnect.wi.gov/ |
|  SCHOOL DISTRICT OF LA CROSSE Dream • Believe • Achieve |
| <small>Updated: 8/1/22</small> |

If you have any questions about this testing program, please contact your school health office.
If you have questions about test results, please call: 1-866-419-6988.

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



The screenshot shows a CAPTCHA verification step. A red box highlights the CAPTCHA image and the input field. The CAPTCHA image displays the code 'gQnkHZX' and includes links for 'Generate a new image' and 'Play the audio code'. Below the image is an input field containing the code 'gQnkHZX' and the text 'Enter the code from the image'. A blue 'Next' button is located at the bottom left of the highlighted area.

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

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

- | | |
|---|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Chronic Lung Disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Chronic Kidney Disease |
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> Chronic Liver Disease |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Suppressed immune system due to a condition or medication (e.g. cancer, HIV) |
| <input type="checkbox"/> High Blood Pressure (Hypertension) | |

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

- | | |
|---|--|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Chills |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Difficulty Breathing | <input type="checkbox"/> Abdominal pain |
| <input type="checkbox"/> Loss of Smell | <input type="checkbox"/> Body Aches/Pains |
| <input type="checkbox"/> Loss of Taste | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Runny Nose | <input type="checkbox"/> Diarrhea (>3 loose stools/day) |
| <input type="checkbox"/> Fatigued/unusually tired | <input type="checkbox"/> 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?

Have you received a COVID-19 vaccine?



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?



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 *

Gender *

Primary Care Provider

8

Please describe your case *

Please provide your date of birth.

Month *

Day *

Year *

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 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.
- You understand that your test result and protected health information, while not disclosed publicly, will be provided to an authorized representative of Health Services and local public health as needed to better understand and manage the COVID-19 outbreak. Your test results will also be provided to your treating provider or the ordering physician, as well as the Wisconsin National Guard or other testing partners, to make recommendations on how to access your test results. This information will be used for public health purposes only.
- 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 information will be used for public health purposes only.

9.

- 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. *



Select Test Center

I'm being tested at a non-public site



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.

