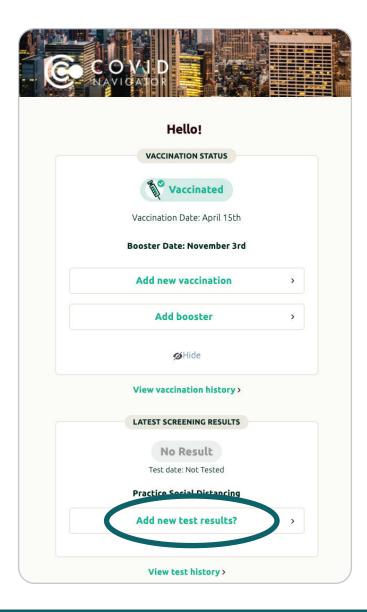
Go to COVID Navigator. Scroll down to add test screening result



Enter "At Home Test" in field labeled Healthcare Provider Information

| < Home | | | |
|--------|-----------------|-------------------------------------|-------------------------|
| | Wh | ere did you get | tested? |
| Ρ | lease enter the | e name of the healthca location. | are provider or testing |
| | | | |
| At | Home Test | | |
| Но | me Address | | |
| Un | it or Apartmen | t # | |
| Ch | icago | Illinois | Zip Code |
| | w | hen were you t | ested? |
| Sel | ect date | | Ë |
| | | ⑦ Need Help? <u>Click here</u> | for FAQ |
| | <u> </u> | Back | Next |
| | | | |

Enter YOUR home address in place of Healthcare Provider Address

| < | lome | | | |
|---|-------------------|----------------------------------|-------------------------|--|
| | Whe | ere did you get | tested? | |
| | Please enter the | name of the healthc location. | are provider or testing | |
| | | | | |
| | At Home Test | | | |
| | Home Address | | | |
| | Unit or Apartment | " | | |
| | Chicago | Illinois | Zip Code | |
| | wi | hen were you t | ested? | |
| | Select date | | Ê | |
| | (3 | Need Help? <u>Click here</u> | for FAQ | |
| | | | | |
| | ٢ | Back | Next > | |
| | | | | |

Continue with prompts

| < Home | |
|-----------------------------|--|
| Do you l | have your results? |
| Please let us know if you'v | ve received the results of your COVID-19 test. |
| | |
| Yes | No |
| | |
| ? Need | d Help? <u>Click here for FAQ</u> |
| | |
| • | < Back |
| | |
| | |
| | |
| | |

Continue with prompts

| | What was the result? |
|-----------------|--|
| | Negative |
| | Positive |
| | |
| | Add File |
| Note: Yo set | u may need to enable camera access in your device tings. Only image and PDF files are accepted. |
| | ? Need Help? <u>Click here for FAQ</u> |
| | |
| | Sign & Submit |
| | Save & Finish Later |
| | Cancel |

Submit photo (refer to example on next slide)

| < Home | |
|--------|---|
| Wh | at was the result? |
| | Negative |
| | Positive |
| | Add File |
| | image and PDF files are accepted. leed Help? <u>Click here for FAQ</u> |
| | Sign & Submit |
| S | iave & Finish Later |
| | Cancel |
| | |

Example image

| WHAT TO INCLUDE IN YOUR PHOTO | |
|-------------------------------|--|
| Antigenties SARS Antige C C C | |
| Test Name Test Result | |
| Campus ID | |
| Date Stamp | |
| MONTH / DAY / YEAR | |
| | |

Please send a single image with:

- 1. Your negative test result indicator including the test name as printed on the test, i.e., SARS/COVID-19 test (any test brand is acceptable)
- 2. Campus Card complete with photo and My Columbia ID number
- 3. Date stamp cannot be older than three days before the student's return to campus If a phone's camera does not come with the date/time stamp feature, free photo apps can be added that offer that capability, such as DateStamper for iPhone or Open Camera for Android