

COVID-19 Call Center

Screening Tools

Symptom Screening for Call Center

Add Note

Save & Continue

Save & Close

Cancel


Contact History

	Yes	No	Unknown	
Does the patient have a Fever? <i>(Higher than 99.6°F)</i>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div>100.5</div>
...have a Cough?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<div><input type="radio"/> Dry <input type="radio"/> Prod</div>
...experiencing Fatigue?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
...Producing Sputum?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
...Short of Breath?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
...have Muscle or Joint Pain?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
...have a Sore Throat?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
...experiencing Headaches?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
...have Chills?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
...have Nausea or Vomiting?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
...have Nasal Congestion?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
...have Diarrhea?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
...have Loss of Taste?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
...have Loss of Smell?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Thank you. It appears you do meet the criteria for COVID testing. After we schedule your appointment do you mind if we text you with updates?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	


Web Form Entry

First question is confirming their willingness to communicate via text

Novel Coronavirus COVID-19 Test Registration



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT



STRAC
Southwest Texas Regional Advisory Council

Welcome to the online registration tool for COVID-19 testing. If you are interested in getting tested please complete the form below.

→ Do you agree to receive text messages from the COVID-19 Test Registration System?

*Messages and data rates may apply. Reply STOP at any time to end further text communications.


☐ Yes

☐ No


Next

Enter their name, DOB, and gender

Novel Coronavirus COVID-19 Test Registration



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT



STRAC
Southwest Texas Regional Advisory Council

1 of 15 completed

→ Please enter the information below EXACTLY as it appears on your photo identification

First Name

First Name

Middle Initial

Middle Initial

Last Name

Last Name

Date of Birth

Date of Birth

Gender

☐ Male

☐ Female

☐ Intersex


Prev

Next


Phone and address

Address entry uses Google predictive technology so street names, city and zip should be accurate

Novel Coronavirus COVID-19 Test Registration



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT



STRAC
Southwest Texas Regional Advisory Council

2 of 15 completed

→ Please fill out all information below.

Mobile Phone Number

*Must be able to receive text messages

Street Address

Apt/Suite/Other

City

State

Zip Code

Prev

Next

Insurance Collection Info

Insurance collection
page for
demographic
information now.

Novel Coronavirus COVID-19 Test Registration



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT



3 of 15 completed

→ Insurance Information

The COVID-19 test is free and insurance is not required. Please complete the following, if applicable.

Insurance Company

Insurance Company

Group Number

Group Number

Member Number


Member Number

Prev


Next

Symptom Screening - Temp

Novel Coronavirus COVID-19 Test Registration



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT



STRAC
Southwest Texas Regional Advisory Council

4 of 15 completed

→ Do you have a fever higher than 99.6°F or chills?

☐ Yes


☐ No

Prev


Next

Symptom Screening Pg 2

Novel Coronavirus COVID-19 Test Registration



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT



STRAC
Southwest Texas Regional Advisory Council

5 of 15 completed

→ Do you have a cough?

☐ Yes, A dry cough

☐ Yes, A productive cough (produces phlegm or mucus from the lungs or sinuses)


☐ No

Prev


Next

Symptom screening page 3

Novel Coronavirus COVID-19 Test Registration



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT



STRAC
Southwest Texas Regional Advisory Council

6 of 15 completed

→ Are you experiencing fatigue, muscle or joint pain, or body aches?

☐ Yes


☐ No

Prev


Next

Symptom screening page 4

Novel Coronavirus COVID-19 Test Registration



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT



STRAC
Southwest Texas Regional Advisory Council

7 of 15 completed

→ Are you experiencing shortness of breath?

☐ Yes


☐ No

Prev


Next

Symptom screening page 5

Novel Coronavirus COVID-19 Test Registration



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT



STRAC
Southwest Texas Regional Advisory Council

8 of 15 completed

→ Do you have a sore throat?

☐ Yes

☐ No


Prev

Next


Symptom screening page 6

Notice the green bar showing progress across the top

Novel Coronavirus COVID-19 Test Registration



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT



STRAC
Southwest Texas Regional Advisory Council

9 of 15 completed

→ Are you experiencing headaches?

☐ Yes


☐ No

Prev


Next

Symptom screening page 7

Novel Coronavirus COVID-19 Test Registration



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT



STRAC
Southwest Texas Regional Advisory Council

10 of 15 completed

→ Do you have nausea, vomiting and/or diarrhea?

☐ Yes


☐ No

Prev


Next

Symptom screening page 8

Novel Coronavirus COVID-19 Test Registration



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT



STRAC
Southwest Texas Regional Advisory Council

11 of 15 completed

→ Do you have nasal congestion (head congestion)?

☐ Yes


☐ No

Prev


Next

Symptom screening page 9

Novel Coronavirus COVID-19 Test Registration



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT



STRAC
Southwest Texas Regional Advisory Council

12 of 15 completed

→ Do you have loss of taste?

☐ Yes


☐ No

Prev


Next

Symptom screening page 10

Novel Coronavirus COVID-19 Test Registration



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT



STRAC
Southwest Texas Regional Advisory Council

13 of 15 completed

→ Do you have loss of smell?

☐ Yes


☐ No

Prev


Next

Final instructions and accepting terms and conditions

Novel Coronavirus COVID-19 Test Registration



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT



STRAC
Southwest Texas Regional Advisory Council

14 of 15 completed

Almost Done!

Once you submit the form you will receive a confirmation text message with your reference ID number. Your request will then be reviewed by the COVID-19 Testing Center and if approved you will be scheduled via text message. Please allow text messages from 210-794-6545.

If you have any questions or concerns please contact the call center at 210-233-5970.

☐ Please accept our [Terms and Conditions](#) before clicking Submit

Prev

Submit