

How to register for COVID-19 testing

1. Go to www.color.com/readychckgo-cps and select you or your child/dependent's school. Search and select you or your child's school to be taken to a unique link for their school. Note: if you have more than one child/dependent at CPS, you will need to go back to www.color.com/readychckgo-cps and select each school

***Required**

Please select if you are a CPS staff member or a student or parent/guardian below to display the correct sign up links.

I am a teacher
or staff member

I am a student
or parent/guardian

🔍 Enter your school's name

[ADDAMS - student](#)

[AGASSIZ - student](#)

[AIR FORCE HS - student](#)

[ALBANY PARK - student](#)

[ALCOTT ES - student](#)

[ALCOTT HS - student](#)

[ALDRIDGE - student](#)

[AMUNDSEN HS - student](#)

[ARIEL - student](#)

[ARMOUR - student](#)

[ARMSTRONG G - student](#)

[ASHBURN - student](#)

[ASHE - student](#)

[AUDUBON - student](#)

[AUSTIN CCA HS - student](#)

[AVALON PARK - student](#)

[AVONDALE-LOGANDALE - student](#)

[AZUELA - student](#)

[BACK OF THE YARDS HS - student](#)

[BARNARD - student](#)

[BARRY - student](#)

[BARTON - student](#)

[BASS - student](#)

[BATEMAN - student](#)

[BEARD - student](#)

[BEASLEY - student](#)

[BEAUBIEN - student](#)


[BEETHOVEN - student](#)



[BEIDLER - student](#)

[BELDING - student](#)

1 2 3 4 5 6 7 ...

2. After selecting you or your child/dependent's school, you can continue to registration. If you are registering on behalf of a minor, select "A minor/guardianship"

English Get Help

In partnership with  

Register for a free COVID-19 test


Welcome! Color Health is partnering with Thermo Fisher to expand access to COVID-19 testing. Testing is one of the best ways to keep you, your family, and your community safe.



Who is taking this test?

Me A Minor/Guardianship

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[Join Our Team](#)
CLIA #05D2081492 - CAP #8975161
[Genomics Terms of Service](#) - [COVID-19 Terms of Service](#) - [Privacy Policy](#) - [Notice of Privacy Practices](#) - [Informed Consent](#) - [Accessibility](#)

3. Continue through the two symptom questions until you get to this page. Click continue:

English Get Help

In partnership with  

Please register for COVID-19 testing.

In order to collect your sample for COVID-19 testing, we need some information from you.

Continue

[Go Back](#)

4. Review the risks and benefits of testing, then click the 3 checkboxes below to provide consent

color

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AboutPatient InfoSummary

Review COVID-19 testing information




The test detects if you have SARS-CoV-2 (the virus that causes COVID-19) at the time of the test only.

It does not test for immunity or if you had the virus in the past.



If your results are positive, please contact a doctor immediately.

Only a doctor can give you a diagnosis. They can also provide information on how to care for yourself and to help protect others from infection.



Negative results mean that the virus was not detected.

If you're feeling symptoms, contact a doctor and ask whether you should be retested because:

- You may have contracted the virus after your test.
- Your test may have been a false negative. False negatives occur because the tests are not perfectly accurate.

Severe or worsening symptoms

If you or someone you know is experiencing severe or worsening symptoms, seek medical care immediately.

The US Centers for Disease Control and Prevention (CDC) recommends that individuals with any of the following symptoms get medical attention immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to stay awake or wake after sleeping
- Bluish lips or face

Color does not give medical advice or provide medical care. Follow up with your doctor about your results.

Your results will be shared with certain federal, state, or local agencies for public health purposes when required by law.

☐

I acknowledge that I have read, understood, and agree to [COVID-19 Informed Consent](#), [COVID-19 Terms of Service](#), [Notice of Privacy Practices](#) and [Privacy Policy](#). I understand that my agreement to each of these applies each time I take a Covid Test through my Covid Testing Program Sponsor's program, as explained in the COVID-19 Informed Consent, unless I contact support@color.com to revoke my consent for subsequent testing.


☐

I authorize my information and results to be shared with my organization to guide decisions on health, safety, and/or returning to work/school. Read full HIPAA authorization: <https://www.color.com/covid19-hipaa-authorization>. I understand that this authorization applies to each time I get tested through this program.

Continue

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- Click continue and complete all fields with accurate information about yourself or the dependent you are registering on behalf of. It is incredibly important that you or your dependent's CPS ID is correctly entered under "Organization ID number"



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AboutPatient InfoSummary

We need some information to confirm this registration.


Depending on the types of testing your program is using, this information may be used to prepare results. It may also be used to support city and state officials who are collecting data to understand how COVID-19 is impacting communities.

Patient Information

First name *


MI

Last name *

Date of birth (MM/DD/YYYY)*

Street address *

City *

State *

ZIP code *

☐ This patient does not have an address.

Organization ID number

Your organization has requested we collect an ID number. This is usually a student or employee ID. If you are unsure where to find your ID number, please contact your organization.

Organization ID number *

Why are you asking me for this now?

We want it to be as fast and easy as possible for you to provide a sample at the collection site. By providing this information now, you're saving time later.

We may text you information about your COVID-19 tests. (Message and data rates may apply, reply STOP to opt out. Learn more in the [Terms of Service.](#))