

COVID-19 Testing Registration Process



Registration Link - Specific to each sport



Welcome to the NCAA Gymnastics COVID-19 Testing Site



Login

Username

[Forgot username?](#)

Password

[Forgot password?](#)

Log on

Register

Every individual that is registering for a test must create a separate account.

Register

Click here



Authorization



Select Language ▼

Terms and Conditions

AUTHORIZATION FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

I understand that Impact Health generates personal health information ("PHI") that will be disclosed under this Authorization and that such disclosure is conditioned upon my execution of this Authorization. I understand that the purpose of creating the previously identified PHI is related to COVID-19 tests or immunizations and that disclosure may be required to designated entities described below (the "Designated Entities"). I further understand that if I do not agree to this Authorization, I may not be able to receive a COVID-19 test or immunization at this time.

I hereby authorize and consent to the following use and disclosure of my PHI to the listed Designated Entities:

- a) my PHI may be used or disclosed by Impact Health to a clinical laboratory ("Lab"), if applicable, for the analysis and interpretation and reporting my test results; and,
- b) Impact Health and/or the Lab, if applicable, may disclose the fact that I have been tested for COVID-19 in this screening program and my test results to (i) my employer (or host company, as the case may be) or any of its subsidiaries and (ii) federal, state, and local agencies, to the extent permitted under the Americans with Disabilities Act ("ADA") and applicable federal, state, and local laws and regulations and to protect the safety and well-being of those persons working on-site at my employer (or host company, as the case may be) or any of its subsidiaries.

I understand that I have the right to revoke this authorization at any time by delivering written notice of my intent to revoke to: Impact Health, 1009 West Ninth Avenue, Suite A, King of Prussia, PA 19406, Attention: Privacy Practices.

I understand that this Authorization will be executed through the use of an electronic click assent, the use of which, expressly indicates my intent to execute this document in accordance with the Electronic Signatures in Global and National Commerce Act (E-Sign Act), Title 15, United States Code, Sections 7001 et seq., the Uniform Electronic Transaction Act (UETA), and any applicable state law, and that any electronic click assent will be deemed an original signature for purposes of this Authorization, with such electronic click assent having the same legal effect as an original signature.

This authorization is effective at the date of my click assent and shall remain in effect for one year, unless I revoke my authorization in the manner provided.

I understand that I have a right to receive a copy of this authorization and I certify that a copy of this authorization has been made available to me.

I HAVE CAREFULLY READ THIS AUTHORIZATION AND FULLY UNDERSTAND ITS CONTENTS AND AUTHORIZE IMPACT HEALTH TO RELEASE PHI TO THE DESIGNATED ENTITIES FOR THE PURPOSES LISTED ABOVE. I EXPRESSLY CONSENT TO THE USE OF ELECTRONIC CLICK ASSENT AND UNDERSTAND THAT BY CLICKING "I AGREE," I HAVE AFFIRMATIVELY EXECUTED THIS AUTHORIZATION AS IF I HAD PROVIDED AN ORIGINAL SIGNATURE ON THIS DOCUMENT.

Click here

Accept

Cancel



Registration

New User Registration

Complete the following information.

School	<input type="text" value="School dropdown list"/>
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Not specified
Date of Birth	<input type="text" value="2 digit month, 2 digit date, 4 digit year"/>
First name	<input type="text" value="Enter First Name"/>
Last name	<input type="text" value="Enter Last Name"/>
E-mail address	<input type="text" value="Email address that can be retrieved via mobile device"/>
Confirm e-mail	<input type="text" value="Email address that can be retrieved via mobile device"/>
Telephone no	<input type="text" value="Phone #"/>
Address	<input type="text" value="Street Address"/> <input type="text" value="Street Address 2"/>
City	<input type="text" value="Enter City"/>
State	<input type="text" value="State Drop Down"/>
ZIP	<input type="text" value="Enter Zip"/>
<div><div>Click here</div><div><input type="button" value="Register"/></div><div><input type="button" value="Cancel"/></div></div>	



Choose your username and password



Set Username/Password

Your registration request has been accepted and you now need to choose a username and password that you will need to enter each time you return to the site. Please enter the username and password you would like to use and click on 'Sign in' to enter the site. Your registration is not complete until you have chosen your username and password.

- Password must include both upper and lower case letters.
- Password must include at least one number.
- Password must be at least 6 characters long.
- Previous 7 passwords cannot be reused.

Username



Password



Confirm
password



Click here

Sign in

Cancel



Consent

Welcome, Dan

Select Language ▼

Terms and Conditions

INFORMED CONSENT TO PARTICIPATE IN COVID-19 TESTING

I wish to take part in today's health screening program, which is being conducted by Impact Health Biometric Testing, Inc., ("Impact Health") a CLIA-waived laboratory and Diamond Health, Inc.

I understand that, in addition to information I will provide on a questionnaire, this health screening program will require me to provide personal information and that I will be subjected to a clinical test that is intended to diagnose COVID-19.

I understand that the test requires inserting one or more swabs in my nasal cavity(ies) which may result in some discomfort.

I understand that the results of the test will be analyzed, interpreted, and provided to me by Impact Health and/or Diamond Health, Inc., together with a copy of the Fact Sheet for Patients required by the FDA. I understand that Impact Health, Diamond Health, Inc. will disclose my COVID-19 laboratory results to Stratoscope Consulting LLC (or any of its subsidiaries) in connection with Stratoscope Consulting LLC's ongoing initiatives to protect the health and safety of all individuals participating in this event.

I understand that the results of this health screening are for information purposes only and do not constitute the diagnosis of COVID-19 or any other disease, illness or health condition, or the absence of COVID-19 or any other disease, illness or health condition, which diagnosis can only be made by a qualified physician or other licensed healthcare provider. I also understand that I should not use the results of this health screening program as a substitute for seeking further information, diagnosis or treatment from or by my physician or other qualified healthcare provider.

I agree that the transmission and receipt of information during or after this screening program, including any communication via the Internet or e-mail, does not constitute or create a doctor-patient or other healthcare professional relationship between me and Impact Health or any other entity involved in this screening program.

I, my heirs, and personal representatives, waive and release Impact Health, Diamond Health, Inc., and Stratoscope Consulting LLC, its partners and affiliates, in connection with this program, and their subsidiaries, affiliates and parent corporations and their respective officers, directors, agents or employees, from any and all claims, demands or causes of action for damages or injuries that I may have or later acquire against Impact Health, Diamond Health, Inc., and Stratoscope Consulting LLC or such other entities resulting from or arising out of my participation in this health screening program, including my presence at the testing site, the results of the screening or any services or communications provided in connection with this health screening program.

I understand that my test results, the information provided on this form and my responses to the questionnaire ("my Personal Information") will not be used in a manner inconsistent with the Authorization for Use and Disclosure of Protected Health Information.

I understand that this Informed Consent Form will be executed through the use of an electronic click assent, the use of which, expressly indicates my intent to execute this document in accordance with the Electronic Signatures in Global and National Commerce Act (E-Sign Act), Title 15, United States Code, Sections 7001 et seq., the Uniform Electronic Transaction Act (UETA), and any applicable state law, and that any electronic click assent will be deemed an original signature for purposes of this Authorization, with such electronic click assent having the same legal effect as an original signature.

I HAVE CAREFULLY READ THIS INFORMED CONSENT FORM AND FULLY UNDERSTAND AND AGREE WITH ITS CONTENTS. I EXPRESSLY CONSENT TO THE USE OF ELECTRONIC CLICK ASSENT AND UNDERSTAND THAT BY CLICKING "I AGREE," I HAVE AFFIRMATIVELY EXECUTED THIS INFORMED CONSENT FORM AS IF I HAD PROVIDED AN ORIGINAL SIGNATURE ON THIS DOCUMENT.

Click here


Accept

Decline



Home Screen


[Home](#)




Menu ▾

Welcome, Dan

Select Language ▾


 COVID-19 Testing

NCAA Gymnastics COVID Testing



Once you have completed your assessment, click "send" to receive your testing QR code.

Start Assessment


 Additional COVID Information


If you have been diagnosed with COVID-19 in the past 90 days or received a full vaccine, please click "Choose" and provide the requested information.

There are open events available.

Choose


More


 Quidel Sophia2 Fact Sheet



Prior to testing, please review the Quidel Patient Fact Sheet below.


- Quidel Patient Fact Sheet

 Accula COVID-19 Fact Sheet




Prior to testing, please review the Accula Patient Fact Sheet below.


- Accula Patient Fact Sheet

 Messaging

You have no new messages.

View








Adding Demographic Information


[Home](#)

Welcome, Dan




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 [Select Language](#)


**COVID-19 Testing**


NCAA Gymnastics COVID Testing



Once you have completed your assessment, click "send" to receive your testing QR code.


[Start Assessment](#)


**Quidel Sophia2 Fact Sheet**



Prior to testing, please review the Quidel Patient Fact Sheet below.


- [Quidel Patient Fact Sheet](#)

**Accula COVID-19 Fact Sheet**




Prior to testing, please review the Accula Patient Fact Sheet below.

- [Accula Patient Fact Sheet](#)

**Messaging**

You have no new messages.

[View](#)

**Additional COVID Information**

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There are open events available.

[Choose](#)

[More](#)



Assessment

COVID-19 Testing

How old were you on your last birthday?

53 years

Gender (at birth)?
☒ Male ☐ Female ☐ Prefer not to specify

What is your occupation?
☐ Healthcare worker
☐ First responder
☐ Neither of the above

What is your racial background?
☐ Asian
☐ Black
☐ White
☐ American Indian/Alaskan Native
☐ Native Hawaiian/Other Pacific Islander
☐ Unknown
☐ Other
☐ Not specified

What is your ethnic background?
☐ Hispanic/Latino
☐ Non-Hispanic/Latino
☐ Not specified

Quidel Sophia2 Fact Sheet

Prior to testing, please review the Quidel Patient Fact Sheet below.

Quidel Patient Fact Sheet

Accula COVID-19 Fact Sheet

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Accula Patient Fact Sheet

Messaging

You have no new messages.

View

Do you have any of the following conditions (check all that apply):

☐ Chronic lung disease or moderate to severe asthma, COPD (chronic obstructive pulmonary disease), cystic fibrosis, or pulmonary fibrosis

☐ Serious heart condition, such as heart failure, cardiomyopathy, heart attack, or blocked arteries to the heart

☐ Weakened immune system or taking medications that may cause immune suppression

☐ Obesity

☐ Diabetes

☐ Kidney disease

☐ Liver disease

☐ High blood pressure

☐ Cancer

☐ HIV

☐ Blood disorder, such as sickle cell disease or thalassemia

☐ Cerebrovascular disease or neurologic condition, such as stroke or dementia

☐ Smoking or vaping

☐ None of the above

Submit

Send Confirmation

The screenshot shows the NCAA COVID-19 Testing dashboard. A red box labeled "1. Click here" points to the "Send" button in the "COVID-19 Testing" section. A blue arrow points from this button to a modal window titled "COVID-19 Testing" which contains the text "Please confirm your email address." and an email input field with "ddonovan@stratoscope". A red box labeled "2. Then here" points to the "Send" button in this modal window.

Home

Welcome, Dan

1. Click here

COVID-19 Testing

Once you have completed your assessment, click "send" to receive your testing QR code.

Resend confirmation **Send**

Quidel Sophia2 Fact Sheet

Prior to testing, please review the Quidel Patient Fact Sheet below.

- Quidel Patient Fact Sheet

Messaging

You have no new messages.

Additional COVID Information

If you have been diagnosed with COVID-19 in the past 90 days or received a full vaccine, please click "Choose" and provide the requested information.

There are open events available.

Choose

Accula COVID-19 Fact Sheet

Prior to testing, please review the Accula Patient Fact Sheet below.

- Accula Patient Fact Sheet

COVID-19 Testing

Please confirm your email address.

Email

2. Then here

Send



Confirmation Email

Impact Health

Saturday, Mar 27, 6:27 PM



> To: Dan Donovan

**Check your spam folder. If the QR code
doesn't display check your security settings.**

Dear Dan,

Please find your testing QR code below. Please present this QR code upon entering the testing area.




Thank you,

Impact Health



Add 90 day, Vaccinated and Pre-Travel


[Home](#)




Menu ▾

Welcome, Dan

Select Language ▾


**COVID-19 Testing** ^


NCAA Gymnastics COVID Testing



Once you have completed your assessment, click "send" to receive your testing QR code.


Start Assessment

**Quidel Sophia2 Fact Sheet** ^




Prior to testing, please review the Quidel Patient Fact Sheet below.

- [Quidel Patient Fact Sheet](#)

**Messaging** ^

You have no new messages.

View


**Additional COVID Information** ^


If you have been diagnosed with COVID-19 in the past 90 days or received a full vaccine, please click "Choose" and provide the requested information.

There are open events available.

Choose

More

**Accula COVID-19 Fact Sheet** ^



Prior to testing, please review the Accula Patient Fact Sheet below.

- [Accula Patient Fact Sheet](#)





Click here



Additional COVID Information


[Home](#)

Welcome, Dan


Menu ▾

Select Language ▾

 **COVID-19 Testing** ▴

Once you have completed your assessment, click "send" to receive your testing QR code.

Resend confirmation [Send](#)


 **Additional COVID Information** ▴


If you have been diagnosed with COVID-19 in the past 90 days or received a full vaccine, please click "Choose" and provide the requested information.

There are open events available.


[Choose](#)


[More](#)

 **Quidel Sophia2 Fact Sheet** ▴


 Prior to testing, please review the Quidel Patient Fact Sheet below.

- Quidel Patient Fact Sheet

 **Accula COVID-19 Fact Sheet** ▴

 Prior to testing, please review the Accula Patient Fact Sheet below.

- Accula Patient Fact Sheet

 **Messaging** ▴

You have no new messages.

[View](#)



Addn'l Info Screen



Additional COVID Information

If you have been diagnosed with COVID-19 in the past 90 days or received a full vaccine, please click "Choose" and provide the requested information.

There are open events available.

Choose

Less

Open Upcoming Recorded

Compliance with Pre-Arrival Testing Attestation

Record now
Please complete to record compliance with NCAA Pre-Arrival requirements.

AboutRecord

Full Cycle Vaccine Completed

Record now
Please complete if you have completed a full cycle of both vaccines (if applicable).

AboutRecord

Positive Test in past 90 days

Record now
Complete if you have tested positive for COVID-19 in the past 90 days.

AboutRecord

Additional COVID Information

Compliance with Pre-Arrival Testing Attestation

Open date: Mar 19

Completed:

☐ I have completed the event requirements.

By checking the box, I attest that I understand and comply with all NCAA pre-arrival testing requirements applicable. I also understand that I may be asked to provide test results and/or other documentation in support of this attestation of compliance at any time before, during or following the event and agree to respond to any such request within a reasonable amount of time.

CancelRecord

Additional COVID Information

Full Cycle Vaccine Completed

Open date: Nov 1

Did you complete a full cycle of both vaccines as applicable?:

Completed:

Attach file
 No file chosen

☐ I have completed the event requirements.

I have completed a full cycle of both vaccines (if applicable) for COVID-19.

*Please upload your vaccine documentation and respond with yes and the date of your final vaccination.

CancelRecord

Additional COVID Information

Please fill out this field.

Positive Test in past 90 days

Open date: Mar 1

Did you Test positive for COVID in past 90 days:

Completed:

Attach file
 No file chosen

☐ I have completed the event requirements.

I tested positive for COVID-19 within the past 90 days.

*Please upload your test results and respond with yes and your date of diagnosis

CancelRecord

