ConciergePad Mobile APP – Student Health Questionnaire Quick Reference Card 1.Download ConciergePad 2. Register for an Account. Register on APP or 3. Follow link on Registration Mobile APP https://campus.conciergepadedu.com Email ENTER ENTER **CLICK ON REGISTRATION** BUSINESS PARENT DOWNLOAD APP **REGISTER ON THE** LINK AND ENTER **INFORMATION** CODE: OLO APP **INFORMATION** CONCIERGEpad · Mobile Please sign in Log Off Register **CONCIERGE** PAD OPEN **CONCIERGE** PAD ConciergePad Application Form **CONCIERGEpad CONCIERGE** PAD ConciergePad Application Form e fill in information. Please make sure to fill ou appropriate fields for each ste Username You are almost done with . registration. Please click on Link to Password ਕਿੱਸ complete registration: <u>Registration</u> Link Once you finish Registration you Lost Password • can manage your account by going to: Login Link Business Code is Valid. Register for an Account 4. Manage Your Account 5. Add Child to Your Profile TAKE PICTURE AND ENTER CLICK 🙂 то ENTER STUDENT ID LOG IN **DATE OF BIRTH CREATE VIRTUAL ID.** (REMOVE "0") AND DOB < Log Off Login < v-Badge Create Profile Please sign in = CONCIERGE PAD < Log Off v-Badge Your Membership Number 8970 **CONCIERGE** PAD Add Student to Profile (Please m ID FIRST and then Date of Birth) Please click on the Plus button to Take Picture STEP 1 - Enter in Student ID firs register 2227 Username John Password Smith STEP 2 - Enter in Date of Birth after Student ID has been 12-05-2007 3055555555 youremail@gmail.com Lost Password Student(s) in Profile

DOB: Aug 06 2020

Add to Profile

Register for an Account

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Sort by

Quick Reference Card ConciergePad Mobile APP – Student Health Questionnaire 6. REPORTING ON THE PARENT APP - To be completed every day prior to student arriving on campus. ONE SURVEY PER STUDENT MUST BE SUBMITTED **CLICK DISMISSAL TAB** AND CLICK VIEW **REMOVE BLUE CHECKMARK NEXT TO** SELECT STUDENT HEALTH QUESTIONNAIRE AND **RING DOORBELL TO DESELECT** CLICK START SURVEY Log Off Virtual Dismissal 11:00 🕫 11:00 🗸 Status Center ...l 🕿 🔳 ...l 🗢 🔳 Search Search Virtual Dismissal Profile Virtual Dismissal Profile Student, Test - 10000 Test Student Test Student Student ID: 10000 Student ID: 10000 Hanger ID: 1000 Hanger ID: 1000 Ring Doorbell Ring Doorbell Student Health Questionnaire Select an item Send to Admin Start Survey Alerts Dismissal 7. COMPLETE STUDENT HEALTH QUESTIONNAIRE 11:36 🛪 11:36 1 al 😤 🔳 al 🕆 🔳 K Back Survev K Back Survey Read all questions carefully and respond YES or NO. Have you traveled to an area where the local Please read these questions carefully and respond Tribal, territorial, or state health department is If NO to all questions, select **NO**. reporting large numbers of COVID-19 cases? below If YES to any of the questions, select YES. Have you experienced a sore throat? ** IF NO TO ALL OUESTIONS, SELECT NO.** ** IF YES TO ANY OF THE OUESTIONS. SELECT Have you experienced new uncontrolled cough that causes difficulty breathing (for students with VES ** Respond if the student has FEVER or NO FEVER. chronic allergic/ asthmatic cough, a change in their cough from baseline)? If the student has a FEVER "record temperature" textbox will be Yes Have you experienced diarrhea, vomiting, or enabled, and you must enter in the temperature reading. abdominal pain? Please select No Fever or Fever. If the Have you experienced new onset of severe fever is 100.4 F or greater, select Fever headache, especially with a fever? and input temperature reading in the Once all information is entered, click **COMPLETE** button to send all text box below * Have you had close contact (within 6 feet of an No Fever infected person for at least 15 minutes) with a information about your student to school administration. School person with confirmed COVID-19? Feve administrators will be notified instantly of student status. Have you traveled to an area where the local. Tribal, territorial, or state health department is Parent/Guardian Name * reporting large numbers of COVID-19 cases? Tal the If your student has any of the symptoms listed in the Parent APP. ** IF NO TO ALL QUESTIONS, SELECT NO.** please keep your child at home after completing the reporting If your child has any of the above symptoms or a ** IF YES TO ANY OF THE QUESTIONS, SELECT fever, PLEASE HAVE YOUR CHILD STAY AT YES.** HOME. process. This process is to be completed each day prior to your child Complet No 🚺 Yes coming to school.