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TOTAL TESTING SOLUTIONS

Bringing people back together

A Step-by-step user guide to LINK

# Pre-registration

## STEP 1

Vaccine Verification - LAFC

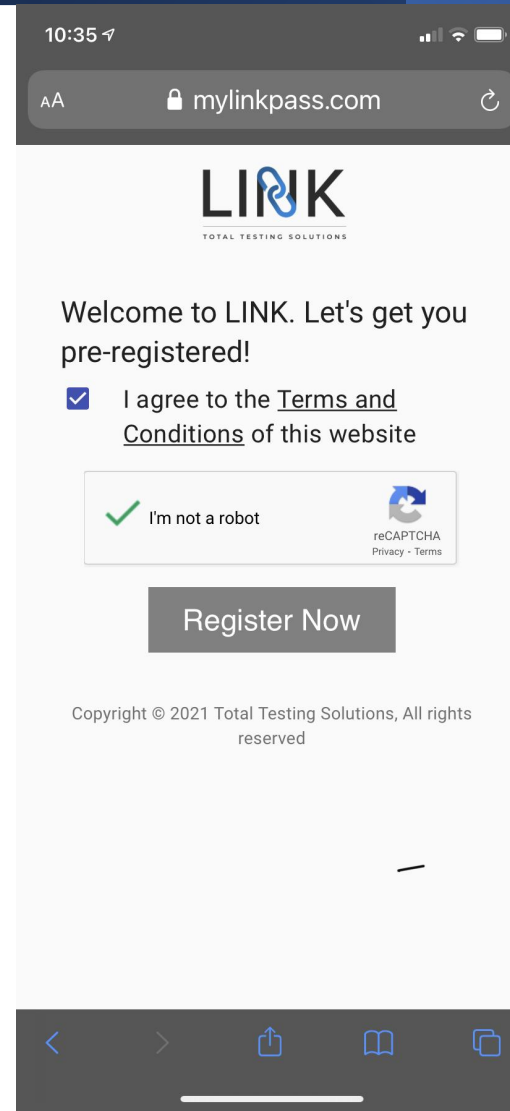
<https://mylinkpass.com/#/register/5Z6>



# Pre-registration

## STEP 2

- Agree to the Terms and Conditions
- I am not a robot
- Register Now




10:35 100%  
AA mylinkpass.com

**LINK**  
TOTAL TESTING SOLUTIONS




Welcome to LINK. Let's get you pre-registered!

I agree to the [Terms and Conditions](#) of this website

I'm not a robot   
reCAPTCHA  
Privacy - Terms

Register Now

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# Pre-registration

## STEP 3

- If all answer is NO
- SUBMIT

10:36

AA mylinkpass.com

LINK

Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19?

Yes No

Are you currently waiting on the results of a COVID-19 test?

Yes No

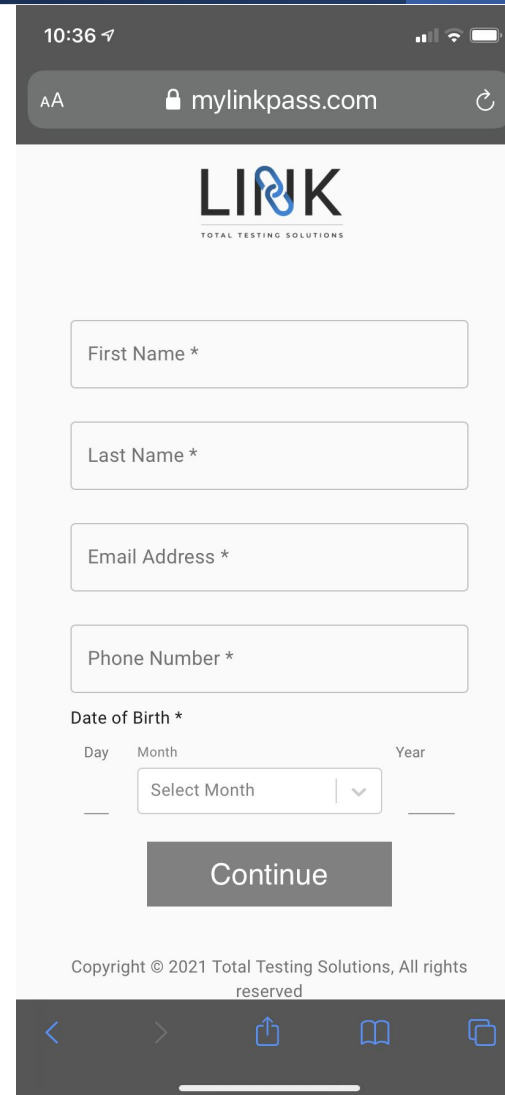
I certify that I have truthfully answered NO to all of the above questions. I also certify that I have taken my temperature with a thermometer no more than 3 hours before reporting for my shift, and it read below 100.4°F (38°C)

SUBMIT

# Pre-registration

## STEP 4

- Fill out name, email address, phone number and date of birth
- SUBMIT



10:36 100%  
AA mylinkpass.com

**LINK**  
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First Name \*

Last Name \*

Email Address \*

Phone Number \*

Date of Birth \*

Day Month Year

Select Month

Continue

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# Pre-registration

## STEP 5

- Fill out address, gender, ethnicity
- REGISTER NOW

10:40

mylinkpass.com

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Address \*  
12345

Address 2

City \*  
Huntington Beach

State \*  
CA

Zipcode \*  
92646

Gender \*  
Male

Ethnicity \*  
Other

Pregnant

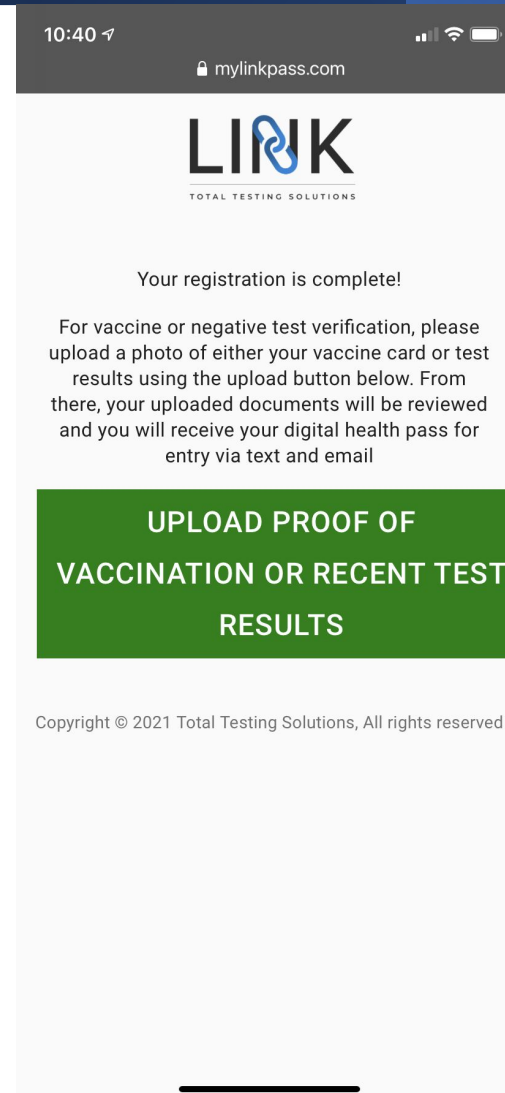
[Register Now](#)

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# Pre-registration

## STEP 6

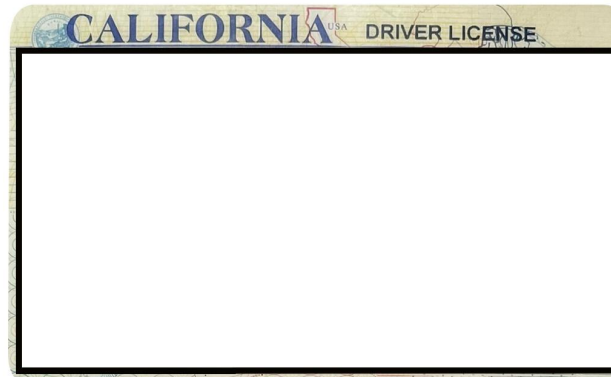
- Click on the GREEN box to upload or scan your vaccination record or recent test results with your photo ID in a single upload



# Pre-registration



## STEP 7

- Scan or upload a photo ID and vaccination card or recent test results in a SINGLE upload as shown here



**COVID-19 Vaccination Record Card**

Please keep this record card, which includes medical information about the vaccines you have received.  
Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of birth \_\_\_\_\_ Patient number (medical record or IIS record number) \_\_\_\_\_

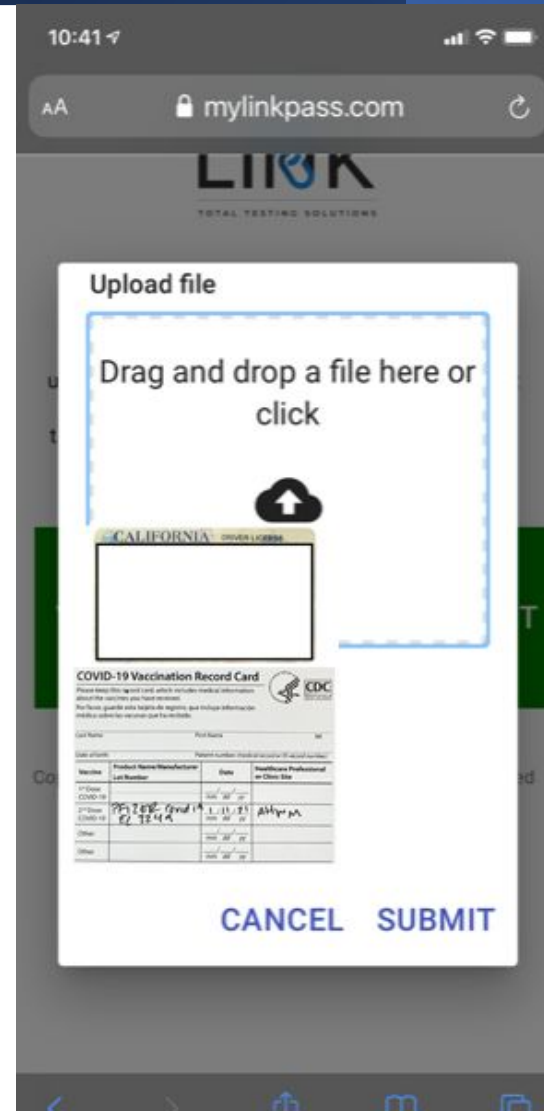
Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19		mm / dd / yy	
2 <sup>nd</sup> Dose COVID-19	PFIZER Covid 19 EL 3249	1 / 11 / 21 mm / dd / yy	AHWM
Other		mm / dd / yy	
Other		mm / dd / yy	



# Pre-registration

## STEP 8

- Click on the 'up' arrow icon to upload file
- SUBMIT



# Pre-registration

## STEP 9

- UPLOADING takes a few seconds
- UPLOAD COMPLETE
- You will receive an email notification from TTS within 24 hours

THANK YOU

