



Crossing
HEALTHCARE

COVID-19 TESTING SITE

Please be prepared to show a form of identification.

Confirm that you have refrained from eating, drinking, tooth brushing, mouth washing, and tobacco use for 1 hour before submitting your saliva sample.

For test reporting purposes, your name, birth date, phone number, address, race, and ethnicity will be verified at check-in.

Under the CARES Act, all test results are shared with the Illinois Department of Public Health.



NO PHOTOGRAPHY



NO VIDEO



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uillinois.edu/shield