

LET IT FREE

Welcome, hanith2646 Upload History Personal data Doctor Appointment Active cases Self-check Logout

Upload Xray to Predict

Name*

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Support Bot

Name*

Image* No file chosen



Xray History

#	Name	Created on	Image URL	Result
1	user	Nov. 26, 2023, 7:13 a.m.	images/cnn.png	POSITIVE
2	user	Nov. 26, 2023, 7:14 a.m.	images/cnn_m4auZfC.png	POSITIVE
3	user	Nov. 26, 2023, 7:16 a.m.	images/cnn_l7Dcq7i.png	POSITIVE
4	user	Nov. 26, 2023, 7:16 a.m.	images/Screenshot_2023-11-26_at_2.12.00AM.png	POSITIVE
5	user	Nov. 26, 2023, 7:16 a.m.	images/Screenshot_2023-11-26_at_2.12.00AM_mlUK9lzz.png	POSITIVE
6	user	Nov. 26, 2023, 7:17 a.m.	images/Screenshot_2023-11-26_at_2.12.00AM_upg4uxw.png	POSITIVE
7	user	Nov. 26, 2023, 7:17 a.m.	images/Screenshot_2023-11-26_at_2.12.00AM_BmfPAg3.png	POSITIVE
8	user	Nov. 26, 2023, 7:18 a.m.	images/Screenshot_2023-11-26_at_2.12.00AM_7ivBOM4.png	POSITIVE
9	user	Nov. 26, 2023, 7:20 a.m.	images/Screenshot_2023-11-26_at_2.12.00AM_nvTD1KX.png	POSITIVE
10	user	Nov. 26, 2023, 7:20 a.m.	images/Screenshot_2023-11-26_at_2.12.00AM_wtrFr18.png	POSITIVE
11	user	Nov. 26, 2023, 7:20 a.m.	images/Screenshot_2023-11-26_at_2.12.00AM_ml9610F.png	POSITIVE
12	user	Nov. 26, 2023, 7:20 a.m.	images/Screenshot_2023-11-26_at_2.12.00AM_eAqkkCc.png	POSITIVE
13	user	Nov. 26, 2023, 7:21 a.m.	images/Screenshot_2023-11-26_at_2.12.00AM_JwiIccO.png	POSITIVE
14	user	Nov. 26, 2023, 7:21 a.m.	images/Screenshot_2023-11-26_at_2.12.00AM_RONI_Mh.png	POSITIVE

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Support Bot

Personal Details and COVID-19 Form

Personal Information

First Name:

Last Name:

Date of Birth:

Phone Number:

Email:

COVID-19 Questions

Have you traveled recently?
 Do you have COVID-19 symptoms?
 Have you been in close contact with a COVID-19 positive person?
 Are you vaccinated for COVID-19?

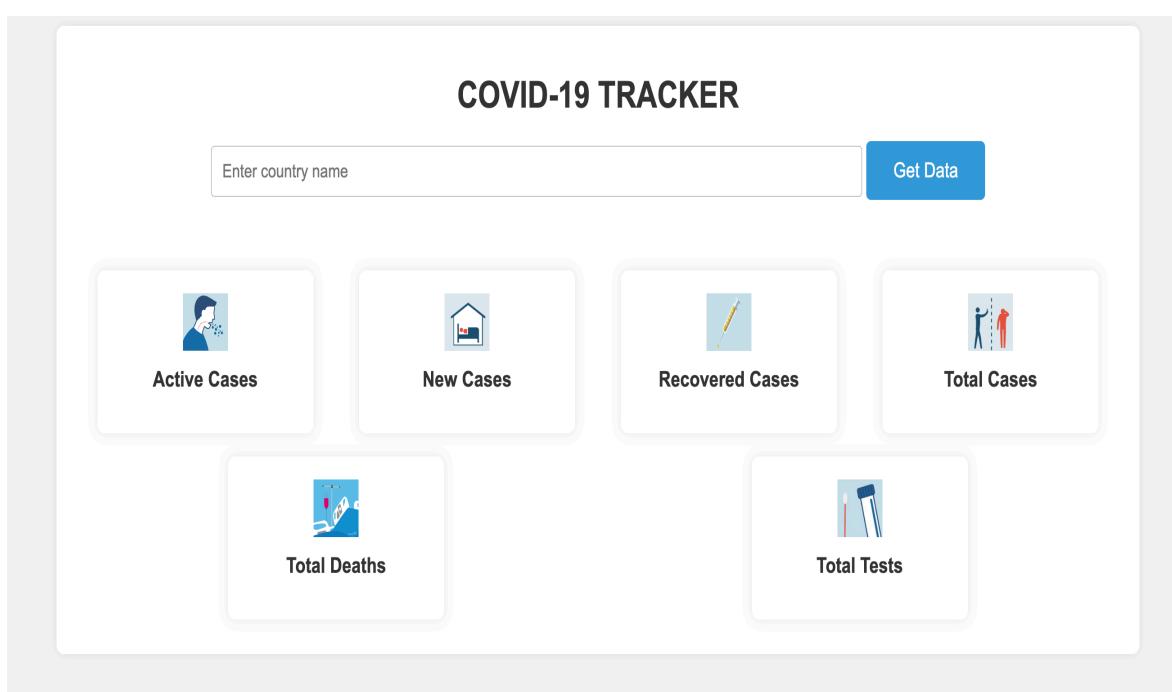
Additional Information

If you've traveled, please provide details:

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Welcome to Our LET IT FREE Doctor's Appointment Service

Dr. Smith Specialty: Cardiologist <input type="button" value="Book an Appointment"/>	Dr. Johnson Specialty: Pediatrician <input type="button" value="Book an Appointment"/>	Dr. Brown Specialty: Dermatologist <input type="button" value="Book an Appointment"/>	Dr. Miller Specialty: Pulmonologist <input type="button" value="Book an Appointment"/>
Dr. White 	Dr. Patel 	Dr. Kim 	Dr. Garcia



COVID-19 Self-Assessment

Do you have any symptoms of COVID-19? (Fever, Cough, Shortness of breath, etc.)
 Have you been in close contact with someone diagnosed with COVID-19 in the last 14 days?
 Have you experienced a sudden loss of taste or smell?
 Are you having chills or experiencing shivering?
 Do you have nasal congestion or a runny nose?
 Are you experiencing redness or irritation in the eyes (conjunctivitis)?
 Have you noticed any unusual skin rash or discoloration?
 Are you experiencing muscle or body aches?
 Have you had any gastrointestinal symptoms, such as nausea, vomiting, or diarrhea?
 Are you feeling unusually tired or fatigued?
 Have you been experiencing persistent headaches?
 Are you having difficulty sleeping or insomnia?