



Registration Form On-line Disease Reporting

Michigan School Building Weekly Report of Communicable Disease

<https://www.accesskent.com/SchoolReporting/>

To register for the online reporting system, complete this form and return by mail, fax, or e-mail. Your registration will be processed within 3 business days and you will receive an e-mail confirmation when your registration is complete. You do NOT need to re-register each year. If there are changes to the name, address, or phone number of your school, or if you have forgotten your username and password, please call the KCHD Communicable Disease Unit at 632-7228.

- Mail: Kent County Health Department
Communicable Disease Unit
700 Fuller Ave NE
Grand Rapids, MI 49503
- Fax: 632-7085
- E-mail Mariann.Graham@kentcountymi.gov

IMPORTANT NOTE: If you submit reports from more than one school each week, you will need a different username and password for each school.

Name: _____ **Title:** _____

School: _____
(Please specify if your school is a preschool, daycare, or SACC located within an Elementary, Middle, or High School)

ID or License Number (9 or 10 digit number issued by the State of Michigan): 41 _____

Address: _____ **City:** _____ **Zip:** _____

Phone: (616) _____ **Fax:** (616) _____

E-mail _____

You will choose your username and password. Please indicate your preferences below:

Username _____ **Password** _____

Instructions for the online system are included in the Kent County Health Department “Communicable Disease Reporting Handbook for Schools, Child-Care Centers & Camps” at:

http://www.accesskent.com/Health/CommDisease/school_daycare.htm

If you have additional questions, please call 632-7228

KCHD OFFICE USE ONLY	
Date Received	_____
Date Registered	_____ Initials _____