



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 Christopher.Eakin@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 _____

Please indicate your preferences below for your username and password. **These are case-sensitive, so please type or print clearly.**

Username _____ Password _____

Instructions for the online system can be found on the Kent County Health Department website at:
https://www.accesskent.com/Health/CommDisease/pdfs/CD_Epid/CD_Reporting_Handbook.pdf

If you have additional questions, please call 632-7228

KCHD OFFICE USE ONLY	
Date Received	_____
Date Registered	_____ Initials _____
Date Notified User	_____ Notes _____