



## 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 616-632-7228.

- Mail: Kent County Health Department  
Communicable Disease Unit  
700 Fuller Ave NE  
Grand Rapids, MI 49503
- Fax: 616-632-7085
- E-mail Erik.Bole@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](https://www.accesskent.com/Health/CommDisease/pdfs/CD_Epid/CD_Reporting_Handbook.pdf)

If you have additional questions, please call 616-632-7228

### KCHD OFFICE USE ONLY

Date Received	_____	
Date Registered	_____	Initials _____
Date Notified User	_____	Notes _____