

**Registration Form**

**On-line Disease Reporting**

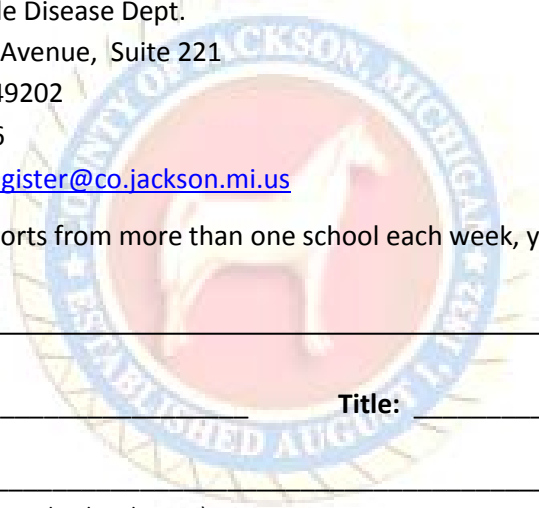
**Michigan School Building Weekly Report of Communicable Disease**

[www.co.jackson.mi.us/hd/school\\_reporting\\_resources](http://www.co.jackson.mi.us/hd/school_reporting_resources)

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 Jackson County Health Department Communicable Disease Department at 517-768-1662.

- Mail: Jackson County Health Department  
Communicable Disease Dept.  
1715 Lansing Avenue, Suite 221  
Jackson, MI 49202
- Fax: 517-788-4256
- E-mail: [JCHDSchoolregister@co.jackson.mi.us](mailto:JCHDSchoolregister@co.jackson.mi.us)

**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 pre-school or daycare)

**ID or License Number (9 or 10 digit number issued by the State of Michigan):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** ( ) \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-Mail :** \_\_\_\_\_

**Please create your user name and password below:**

**User Name:** \_\_\_\_\_ **Password:** \_\_\_\_\_  
(last name, first initial) (8 characters in length and contain 1 capital letter and 1 #)

**Instructions for the online system are available at [co.jackson.mi.us/hd/schoolreportingresourcesandforms](http://co.jackson.mi.us/hd/schoolreportingresourcesandforms)**

If you have additional questions, please call (517)-768-1662

<b>JCHD OFFICE USE ONLY</b>		
Date Received: _____	Date Registered: _____	Initials: _____