



KY-EPHRS Disease Surveillance Module

This form must be completed for any person needing permission to access the Kentucky Electronic Public Health Record System (KY-EPHRS), Disease Surveillance Module data. All information must be accurate and complete. The completed form MUST BE APPROVED by a supervisor/manager and returned to the appropriate authorities.

USER PROFILE

Request Date: _____

User's Name: _____

Facility Name and Address: _____

Facility's County: _____

Where Do You Send Your EPID 200? _____

Job Title/Function: _____

Office Phone: _____

Email Address: _____

Last Four Digits of Your Social Security Number: _____

SELECT THE ROLE FOR WHICH YOU ARE REQUESTING ACCESS

- HOSPITAL ROLE (INFECTION CONTROL PERSONNEL) STATE LEVEL ROLE
- LOCAL EPIDEMIOLOGIST NOTIFICATION INFORMATION ONLY ADMINISTRATIVE ROLE
- LOCAL EPIDEMIOLOGIST NOTIFICATION & INVESTIGATION INFORMATION
- REGIONAL EPIDEMIOLOGIST

AUTHORIZATION SIGNATURES

USER'S SIGNATURE _____ DATE _____

SUPERVISOR'S SIGNATURE _____ DATE _____

REGIONAL EPIDEMIOLOGIST _____ DATE _____

STATE PROGRAM COORDINATOR _____ DATE _____

For use by KYEPHRS personnel only:	
Create Date: _____	Created By: _____
Comments:	