

District 7 Employee Registration Directions

Dependant Registration Self Registration

Patient Information

Select Self Registration

ID#

1. SKIP ID question - not required

First Name

2. Provide first name

Middle Initial

3. Provide middle initial

Last Name

4. Provide last name

Date of birth



5. Provide date of birth

Sex

6. Provide gender

Ethnicity

7. Provide ethnicity

Race

8. Provide race

Email

9. Provide District 7 email address

Cell Phone

10. Provide cell phone#

Address

11. Provide address

Address 2

City

12. Provide city

State

13. Provide state

Zip Code

14. Provide zip code

Terms acceptance and notifications consent

I would like to receive email notifications.

I would like to receive phone SMS notifications (carrier charges may apply).

You consent to laboratory testing for you or your dependant(s) and agree to our terms found.

15. Check that you consent to terms

SUBMIT

16. Click Submit