



Michigan Department of Health and Human Services Immunization Reporting Form for Students with No FERPA Consent on File

Instructions: Once complete, forward this form to your Local Health Department

Report Period: February November

Date: _____

School Name: _____

Total Number of Students with No FERPA Consent				Total Number of Students with No FERPA Consent and No Immunization Record on File			
K							
7							
O							
	DTP/DTaP/ Tdap/Td 1	DTP/DTaP/ Tdap/Td 2	DTP/DTaP/ Tdap/Td 3	DTP/DTaP/ Tdap/Td 4	DTP/DTaP/ Tdap/Td 5	DTP/DTaP/ Tdap/Td 6	*Series Waived
K							
7							
O							
	POLIO 1	POLIO 2	POLIO 3	POLIO 4	POLIO 5	*Series Waived	
K							
7							
O							
	MMR 1	MMR 2	MMR 3	*Series Waived			
K							
7							
O							
	HEP-B 1	HEP-B 2	HEP-B 3	HEP-B 4	*Series Waived		
K							
7							
O							
	VAR 1	VAR 2	VAR 3	HAD Disease	*Series Waived		
K							
7							
O							
	Meningococcal MenACWY (MCV4) 1		Meningococcal MenACWY (MCV4) 2		*Series Waived		
K							
7							
O							

*Please mark **R**=Religious, **M**=Medical, or **O**=Other (Philosophical) in the *Series Waived* box.

	Number of Completes	Number of Provisional	Number of Incompletes
K			
7			
O			
	Number of Religious Waivers	Number of Medical Waivers	Number of Other Waivers
K			
7			
O			