

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: <input type="checkbox"/> November <input type="checkbox"/> February 1. Indicate Report Period	Date: 2. Date Sent to Health Dept.
School Name: 3. School Name and Building ID Number	
Contact Name: 4. School Contact Sending Form Phone: Phone Number	

Total Number of Students with No FERPA Consent Reported on this Form				Total Number of Students with No FERPA Consent and No Immunization Record on File			
K	5. Enter Number of K, 7, and O students removed from MCIR roster and reported on this form			K	6. Enter Number of K, 7, and O students without FERPA Consent and NOT Found in MCIR/SIRS reported on this form		
7				7			
O				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	Disease/Titer			*Series Waived
K							
7							
O							
	HEP-B 1	HEP-B 2	HEP-B 3	HEP-B 4	Disease/Titer		*Series Waived
K							
7							
O							
	VAR 1	VAR 2	VAR 3	Disease/Titer			*Series Waived
K							
7							
O							
	Meningococcal MenACWY (MCV4) 1		Meningococcal MenACWY (MCV4) 2				*Series Waived
K							
7							
O							

7. Using each student's immunization record or waiver – enter a tally mark under the appropriate vaccine or vaccine being waived for students being reported on this form.

***If the student is Complete in MCIR/SIRS without FERPA consent, check the FERPA No Consent Box and leave on roster-no need to report on this form.**

***A student who is incomplete on the roster, without FERPA consent, may remain on the MCIR/SIRS roster until new immunization data or waiver information is presented.**

Summary of Student Data Reported on Aggregate Form			
	Number of Complete	Number of Provisional	Number of Incomplete
K	8. Total Complete Records	9. Total Provisional Records	10. Total Incomplete Records
7	K, 7, O on this form	K, 7, O on this form	K, 7, O on this form
O			
	Number of Religious Waivers	Number of Medical Waivers	Number of Other Waivers
K	11. Total Religious	12. Total Medical Waivers	13. Total Other Waivers
7	Waivers K, 7, O on this	K, 7, O on this form	K, 7, O on this form
O	form		

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