

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: November February

Date: _____

School Name: _____

Contact Name: _____ Phone: _____

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				K			
7				7			
0				0			
	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							
0							
	POLIO 1	POLIO 2	POLIO 3	POLIO 4	POLIO 5	*Series Waived	
K							
7							
0							
	MMR 1	MMR 2	MMR 3	Disease/Titer	*Series Waived		
K							
7							
0							
	HEP-B 1	HEP-B 2	HEP-B 3	HEP-B 4	Disease/Titer	*Series Waived	
K							
7							
0							
	VAR 1	VAR 2	VAR 3	Disease/Titer	*Series Waived		
K							
7							
0							
	Meningococcal MenACWY (MCV4) 1		Meningococcal MenACWY (MCV4) 2		*Series Waived		
K							
7							
0							

Summary of Student Data Reported on Aggregate Form			
	Number of Complete	Number of Provisional	Number of Incomplete
K			
7			
0			
	Number of Religious Waivers	Number of Medical Waivers	Number of Other Waivers
K			
7			
0			

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