

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 and additional data available 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.