School Aggregate Report Form

Instructions: This form should only be used for students not being reported in MCIR/SIRS. Once complete, forward this form to your Local Health Department.

School Name: _____ **Building Code**: _____

Contact Name: _____ **Contact Phone #**: _____

Date Aggregate Report Form Prepared: _____ **Report Period:** ☐ November ☐ February ☐ No Data to Report

	Total Number of: • Students with No FERPA Consent and additional data available • Students with a nondigital (paper), nonmedical waiver (with or without FERPA Consent)	**Total Number of:** • Students with No FERPA Consent and No Immunization Record on File
K		
7		
O		

	DT/DTaP/ Tdap/Td 1	**DT/DTaP/ Tdap/Td 2**	**DT/DTaP/ Tdap/Td 3**	**DT/DTaP/ Tdap/Td 4**	**DT/DTaP/ Tdap/Td 5**	**DT/DTaP/ Tdap/Td 6**	**Disease Titer**	**Series Waived** R	M	O
K							N/A			
7							N/A			
O							N/A			
	POLIO 1	**POLIO 2**	**POLIO 3**	**POLIO 4**	**POLIO 5**		**Disease Titer**	**Series Waived** R	M	O
K							N/A			
7							N/A			
O							N/A			
	MMR 1	**MMR 2**					**Disease Titer**	**Series Waived** R	M	O
K										
7										
O		0								
	HEP-B 1	**HEP-B 2**	**HEP-B 3**	**HEP-B 4**			**Disease Titer**	**Series Waived** R	M	O
K										
7										
O										
	VAR 1	**VAR 2**					**Disease Titer**	**Series Waived** R	M	O
K										
7										
O										
	Meningococcal MenACWY (MCV4) 1	**Meningococcal MenACWY (MCV4) 2**					**Disease Titer**	**Series Waived** R	M	O
7							N/A			
O							N/A			

Summary of Student Data Reported Above						
	# of Students Complete Imms	**# of Students Provisional**	**# of Students Incomplete**	**# of Students with Religious (R) Waivers**	**# of Students with Medical (M) Waivers**	**# of Students with Other (O) Waivers**
K						
7						
O						