

# 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:	Total Number of:
	<ul style="list-style-type: none"> <li>Students with No FERPA Consent and additional data available</li> <li>Students with a nondigital (paper), nonmedical waiver (with or without FERPA Consent)</li> </ul>	<ul style="list-style-type: none"> <li>Students with No FERPA Consent and No Immunization Record on File</li> </ul>
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										
	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						