

School Aggregate Report Form

Instructions: Schools should use this form to manually report students who meet any of the following criteria: their records are not stored in MCIR; they have a non-digital, non-medical waiver; or they have additional immunization data (such as immunizations or a medical waiver) to report but do not have FERPA consent. **Complete one form per student.** Use this data to complete the tally form. All individual student forms and the tally form should be forwarded to your local health department.

School Name: _____	Student ID: _____
School Contact Name: _____	School Contact Phone #: _____
Student Grade: _____	Date Prepared: _____

	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					
K							N/A						
7							N/A						
O							N/A						
	MMR 1	MMR 2					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					Disease Titer	Series Waived					
K													
7													
O													
	Meningococcal MenACWY (MCV4) 1	Meningococcal MenACWY (MCV4) 2					Disease Titer	Series Waived					
7										N/A			
O										N/A			

Assessment of Student Data Reported Above				
	Complete	Provisional	Incomplete	Waivered
K				
7				
O				

School Aggregate Report Tally Form

Instructions: Use the individual school aggregate report form data to complete this tally form. **All individual student forms and the tally form should be forwarded to your local health department.** This data will be entered into MCIR by the LHD after the report period has closed. This may affect your reporting compliance rate.

School Name: _____	Building Code: _____
School Contact Name: _____	School Contact Phone #: _____
Date Prepared: _____	
Report Period: November <input type="checkbox"/>	February <input type="checkbox"/>
No Data to Report <input type="checkbox"/>	

	Total Number of Students Reported on Aggregate Forms:
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						