



2017-18 INSTRUCTIONS and WORKSHEET

To be used to assist in preparing the required:

SUMMARY REPORT ON THE IMMUNIZATION STATUS OF INCOMING 7TH GRADERS IN YOUR SCHOOL

Ohio Revised Code section 3313.67 requires that schools report the immunization status of pupils by October 15 of each year. Each school or portion of a school that has its own IRN Number must submit a separate report. The minimum complete immunizations are:

Doses	Vaccine	Important Notes
4 or 5	DTaP, Tdap, Td or DT (pediatric)	One dose of Tdap is required for 7 th – 12 th grade entry. For students in 12 th grade, one dose of Td is acceptable. Pupils in grades 1-12 are required to have four or more doses of DTaP or DT, or any combination.
3 or 4	Polio Vaccine	Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4th birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.
2	Measles Vaccine	MUST be administered on or after the 1 st birthday. A written statement claiming history of disease is acceptable, but should be closely questioned as many rash illnesses are assumed to be measles when they are not. The second dose of measles vaccine must be at least 28 days after the first dose.
2	Rubella Vaccine	MUST be administered on or after the 1 st birthday. History of disease is NOT acceptable. Laboratory evidence of immunity may be substituted for vaccine. The second dose of rubella vaccine must be at least 28 days after the first dose.
2	Mumps Vaccine	MUST be administered on or after the 1 st birthday. A written statement claiming history of disease is acceptable but should be closely questioned. The second dose of mumps vaccine must be at least 28 days after the first dose.
3	Hepatitis B Vaccine	The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.
2	Varicella Vaccine	MUST be administered on or after the 1 st birthday. A written statement claiming history of disease is acceptable. The second dose of varicella vaccine must be at least 28 days after the first dose.
1	Meningococcal Vaccine	One dose of the A, C, W and Y meningococcal vaccine is required before entry into 7 th grade. A second dose of the A, C, W and Y meningococcal vaccine is required before entry into 12 th grade. If the first dose was administered on or after the 16th birthday, a second dose is not required.

Each dose of vaccine should be documented by complete month/day/year (e.g. 3/19/2009) in your school immunization records. Vaccine doses administered 4 days or less before the minimum interval or age are considered valid.

“IN PROCESS”

Pupils who have not received the minimum number of immunizations and are not otherwise exempt may remain in school only if they have received measles, mumps, and rubella vaccines and at least one dose of DTaP/DTP/DT/Tdap, Hepatitis B, polio vaccine and meningococcal (ACWY). Pupils must finish the series as soon as the scheduled minimum interval between doses permits. These pupils, while listed as incomplete, are considered “in process.”

If you have any questions, call toll free: 1-800-282-0546

Exemption Line List (7th Grade)

List the pupils with an exemption on file and indicate with a check the vaccines for which he/she has an exemption	Type of exemption (Medical or Reason of Conscience or Religious Objection)	MMR	Hep B	Tdap	Meningococcal
		E.	F.	G.	H.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
TOTALS:		E.	F.	G.	H.

Pupils Not Complete Line List (7th Grade)

	List the pupils NOT complete with NO exemption on file	R e a s o n s	Record NOT on File	OR Record on file <u>indicates</u>	NEED MMR	NEED Hep B	NEED Tdap	NEED Meningococcal
	I.		J.		K.	L.	M.	N.
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
	TOTALS:		J.		K.	L.	M.	N.

Please copy the totals in each column into the corresponding boxes on the accompanying **SUMMARY SHEET**.

Please keep this worksheet for your records and follow-up with pupils not in compliance with immunization requirements for school entry.

2017-18 SUMMARY REPORT ON THE IMMUNIZATION STATUS OF INCOMING 7TH GRADERS IN YOUR SCHOOL

DATE _____/_____/_____ Name of District (if applicable): _____ Public Private
 Name of School: _____ Address: _____
 City & Zip: _____ IRN Number: _____
 County: _____ Grades in this report: 7th
 Name of Person Compiling Report: _____ Telephone: _____
 E-mail: _____ Title of Person Compiling Report: _____

Include all 7th graders on this form

(Note: The answer for each box below must be a **number** (no checkmarks, etc.))

Enter the number of ALL pupils **enrolled in 7th grade** in your school:

A.

Enter the number of pupils from box "A" with the following **required immunizations***:

B.

- 2 MMR
- 3 HEP B
- 1 Tdap
- 1 Meningococcal

**ODH assesses only 2 MMR, 3 Hep B, Tdap, and Meningococcal on this form.*

EXEMPTIONS:

Number of pupils from box "A" **WHO HAVE A MEDICAL CONTRAINDICATION ON FILE:**

C.

*A physician or Certified Nurse Practitioner's signed statement, kept as part of the enrollee's records, is required.
Do not include children "in process" in this category.*

Number of pupils from box "A" **WHO HAVE A REASON OF CONSCIENCE/RELIGIOUS OBJECTION ON FILE:**

D.

A written statement, signed by a parent/guardian, stating the objection, must be on file as part of the enrollee's records.

Record the number of pupils with exemptions (Medical Contraindication or Reason of Conscience or Religious Objection) for each of the following:

MMR	Hep B	Tdap	Meningococcal
E.	F.	G.	H.

Number of pupils from box "A" NOT complete and have NO exemption on file**	R E A S O N	Total number of pupils that fall into these categories (NOT DOSES):					
		<u>Record not on file</u>	OR <u>Record on file indicates</u>	NEED MMR	NEED Hep B	NEED Tdap	NEED Meningococcal
		J.		K.	L.	M.	N.
I.							

**Include students "in process" but do NOT include pupils counted in boxes C or D above.

Indicate below the number of pupils listed in boxes who are considered to be "in process". "In process" status applies to students who have not completed a required series of vaccines, but have at least one dose.

Total in-process: _____ KK. MMR in process: _____ LL. Hep B in process: _____

Math Check: Do boxes B+C+D+I=A? They must add up to ensure all students are accounted for.

**DO NOT SEND THIS WORKSHEET TO THE OHIO DEPARTMENT OF HEALTH.
PLEASE KEEP IT FOR YOUR RECORDS AND TO KEEP TRACK OF CHILDREN
NOT IN COMPLIANCE.**

Reporting for all grades, Kindergarten – 12, and detailed instructions can be accessed at:
<http://schoolreporting.odh.ohio.gov>.

Schools unable to submit the report online should send their **SUMMARY REPORT** forms directly to:

**Ohio Department of Health
Bureau of Infectious Diseases
Immunization Program
35 E. Chestnut, 6th Floor
Columbus, OH 43215**

THE SUMMARY REPORT MUST BE SUBMITTED BY OCTOBER 15.

NOTE!

7th grade students are attending school in violation of Ohio law if after 15 days of school if:

- An immunization record is still not on file.
- They still need a dose of MMR, Hepatitis B, Tdap, and/or meningococcal vaccine.