



2017-18 INSTRUCTIONS and WORKSHEET

To be used to assist in preparing the required:

SUMMARY REPORT ON THE IMMUNIZATION STATUS ALL KINDERGARTEN PUPILS ENROLLED 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 or DT (pediatric)	Four (4) or more of DTaP or DT, or any combination. If all four doses were given before the 4th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4th birthday, a fifth (5) dose is not required.
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.

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, Hepatitis B, Varicella and polio vaccines. They 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 (KINDERGARTEN)

	Type of exemption (Medical or Reason of Conscience or Religious Objection)	DTaP	Polio	MMR	Hep B	Varicella
(C & D)		E.	F.	G.	H.	I.
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.	I.

Pupils Not Complete Line List (KINDERGARTEN)

	List the pupils NOT complete with NO exemption on file	R e a s o n s	Record NOT on File	OR	NEED DTaP	NEED Polio	NEED MMR	NEED Hep B	NEED Varicella
			K.	Record on file indicates	L.	M.	N.	O.	P.
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
TOTALS:			K.		L.	M.	N.	O.	P.

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

Please keep this work sheet 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 KINDERGARTENERS IN YOUR SCHOOL

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

Include all KINDERGARTENERS on this form

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

Enter the number of Kindergarten pupils in your school:

A.

Enter the number of pupils from box "A" **WITH ALL REQUIRED IMMUNIZATIONS**:

See the Work Sheet for the minimum requirements of complete immunizations.

B.

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:

<u>DTaP</u> E.	<u>Polio</u> F.	<u>MMR</u> G.	<u>Hep B</u> H.	<u>Varicella</u> I.

Number of pupils from box "A" **NOT** complete and have **NO** exemption on file*

REASON

Record not on file

K.

OR Record on file indicates

Total number of pupils that fall into these categories (NOT DOSES):

NEED DTaP NEED Polio NEED MMR NEED Hep B NEED Varicella

L. M. N. O. P.

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*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 L, M, N, O and P above 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 number in process (in process for 1 or more vaccine series): _____

LL. DTaP in process: _____

OO. Hep B in process: _____

MM. Polio in process: _____

PP. Varicella in process: _____

NN. MMR in process: _____

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

**DO NOT SEND THIS WORK SHEET 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!

Students are attending school in violation of Ohio law if after 15 days of school:

- An immunization record is still not on file.
- They still need Varicella vaccine.
- They still need a dose of DTaP, Polio, MMR, Hepatitis B and Varicella vaccines to be considered “in process” of obtaining the minimum doses.