



## OVERVIEW

Ohio Revised Code section 3313.67 requires all schools to report a summary of the immunization status of pupils each year to the Ohio Department of Health (ODH) by **October 15**. **Each school or portion of a school that has its own Information Retrieval Number (IRN) must submit separate reports for kindergarten, 7<sup>th</sup> grade, 12<sup>th</sup> grade and new pupils in grades 1-6 and 8-11.** ODH coordinates the reporting of school immunization summaries using an online reporting process that allows each school in Ohio to submit electronic reports.

Information needed for access, instructions, worksheets and reporting tools can be found at:  
<http://schoolreporting.odh.ohio.gov>

## IMMUNIZATION REQUIREMENTS

For additional information please refer to Ohio Revised Code 3313.67 (<https://codes.ohio.gov/ohio-revised-code/section-3313.67>) and 3313.671 (<https://codes.ohio.gov/ohio-revised-code/section-3313.671>) and the ODH Director's Journal Entry.

Information regarding current Ohio school requirements, including Director's Journal (<https://odh.ohio.gov/know-our-programs/immunization/media/directors-journal-school-requirements>) and School Immunization Summary (<https://odh.ohio.gov/know-our-programs/immunization/media/immunization-summary-school>), also can be found on the ODH Immunization Program webpage (<https://odh.ohio.gov/know-our-programs/Immunization>).

Providers should administer vaccines according to the most recent versions of the Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger, or the Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind, as published by the Center for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices.

## IMMUNIZATION DOCUMENTATION

- Student immunizations must be documented with the specific **month, day, and year** of vaccine administration for each dose of each vaccine received.
  - Blanket statements that all immunizations are "up-to-date" or "valid" do **not** meet state documentation requirements.
  - "At hospital" or "at birth" is **not** acceptable for Hep B birth dose.

- A parent, guardian or doctor’s written statement that a child has already had **measles, mumps and varicella** is acceptable in place of vaccination records. For **rubella**, only a record of actual vaccination or laboratory test result showing evidence of immunity is acceptable.
- Vaccine doses administered **4 days or less** before the minimum interval or age are considered valid.
- If **2 LIVE virus vaccines** (measles, mumps, rubella, and varicella) were not given on the same day, they must be separated by **28 days with no grace period**.
- If an invalid dose was given, administer the next dose after waiting the **minimum interval** from the invalid dose and after reaching the minimum age requirement.

## EXEMPTIONS

### Medical exemption

- A licensed physician must certify in writing any immunization that is medically contraindicated.

### Reason of conscience including religious convictions

- Written statement from the pupil's parent or guardian must state a reason.

## NON-COMPLIANT

A student is not compliant **after 14 days** if:

- An immunization record is not on file.
- The student is not up-to-date on required vaccinations and has no exemption on file.
- The student is not “in process” of obtaining the minimum number of vaccine doses.

## “IN-PROCESS” DEFINITION

A student is considered ‘in-process’ if:

- The student has to wait the **minimum spacing** for a second dose of a vaccine against measles, mumps, rubella (MMR), varicella (chickenpox) or meningococcal disease.
- The student received a dose of vaccine for a series of DTaP, polio and/or hepatitis B, and now must wait the required **minimum spacing** for another dose.

Such students must finish the series as soon as the scheduled **minimum interval** between doses permits.

The CDC Advisory Committee on Immunization Practices schedule provides recommended ages, minimum ages, recommended intervals and minimum intervals. You can access this information by visiting the CDC webpage (<https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>).

## “NEW PUPIL” DEFINITION

All new pupils or transfer students entering your school(s) must be reviewed for immunization compliance at the time of initial entry (and throughout the school year if new).

**New to the district/system examples:**

- Pupil changed from a private system to a public-school district (even if in the same geographic area).
- Pupil moved from a public district to a private system.
- Pupil moved from one private system to another private system (even if in the same city or geographic area).
- Pupil moved from one public district to another public district.

**ONLINE REPORTING INSTRUCTIONS**

*Important Note: Summary reports should only be printed and mailed to ODH if your school is unable to access the online reporting module.*

To access the school immunization reporting module, go to: **schoolreporting.odh.ohio.gov**

Forms on this page can be used to help you in compiling your reports:

- **Reporting Instructions**
- **Reporting Worksheets**
- **Reporting Summaries**

The screenshot shows a webpage titled "Forms and Instructions". It has three main sections, each with a red arrow pointing to it from the left:

- Instructions**:
  - [Instructions for Immunization Level Reporting](#)
  - [Instructions for Immunization Level Reporting Powerpoint](#)
- Immunization Survey Worksheet**:
  - [2019-20 Kindergarten Immunization Survey Worksheet](#)
  - [2019-20 Grades 1-6 & 8-11 Immunization Survey Worksheet](#)
  - [2019-20 Grade 7 Immunization Survey Worksheet](#)
  - [2019-20 Grade 12 Immunization Survey Worksheet](#)
- Summary Report**:
  - [2019-20 Summary Report on the Immunization Status of Kindergarten Pupils in Your School](#)
  - [2019-20 Summary report on the Immunization Status of Pupils in Grades 1-6 & 8-11](#)
  - [2019-20 Summary Report on the Immunization Status of Pupils in Grade 7](#)
  - [2019-20 Summary Report on the Immunization Status of Pupils in Grade 12](#)

To begin your report, **Click** the blue box

The screenshot shows the "Online Reporting" section of the website. It contains the text "Click On the Appropriate Link/Text Below:" followed by a blue box with a red border. A red arrow points to this box, which contains the text: "Submit a summary report on the immunization status of pupils in Kindergarten, Grade 7, Grades 1-6 & 8-11, and Grade 12."

Search by school's **IRN number** or **Zip Code**

Select your school from the drop-down menu

If you are unable to find your school, Click **'Add School'**

Enter the **School's Name, District, IRN Number, Address, County** and **Classification Type** (Public or Private)

Click **Save**

Select the type of report

**Kindergarten**  
**7<sup>th</sup> Grade**  
**1-6 & 8-11 Grade**  
**12<sup>th</sup> Grade**

Click **Continue**

Complete **School Information**

- **Name of Person Compiling Report**
- **Contact Phone Number**
- **Contact Email**
- **Title of Person Compiling Report**

*If the school information listed is incorrect contact the ODH Immunization Program*

The screenshot shows a 'School Information' form with the following fields: Date (7/29/2019), Name of District (Sunshine), Name of School (Sunshine High School), I.R.N Number (55555), Address (100 Main Street, Columbus, OH 43221), County (FRANKLIN), Grade(s) (7), Name of Person Compiling Report (Jane Smith), Phone Number ((555) 555-5555), Email (jane.smith@sunshine.com), and Title of Person Compiling Report (Nurse (School nurse, District nurse, etc.)). Red arrows point to the Name of Person Compiling Report, Phone Number, Email, and Title of Person Compiling Report fields.

Enter **Total Number of Pupils Enrolled**

*Total number of pupils enrolled at the time of reporting*

The screenshot shows a reporting form with the following text: 'All numeric fields are required. If there are no students who fit into a category, please enter 0.' 'ALL KINDERGARTEN pupils should be divided into the following categories: Note: The answer for each box below must be a number (no checkmarks etc.)' 'Enter the number of Kindergarten pupils in your School: A. [input box]' 'Enter the number of pupils from box "A" above WITH ALL REQUIRED IMMUNIZATIONS: B. [input box]' 'See the Work Sheet for the minimum requirements of complete immunizations. Students listed in tthis category need no further follow-up.' A red box highlights the 'Enter the number of Kindergarten pupils in your School' field.

Enter **Total Number of Pupils Who Meet All Requirements**

*Total number of pupils who have all required doses (or history of disease when appropriate) on file with no reported exemptions*

The screenshot shows a reporting form with the following text: 'All numeric fields are required. If there are no students who fit into a category, please enter 0.' 'ALL KINDERGARTEN pupils should be divided into the following categories: Note: The answer for each box below must be a number (no checkmarks etc.)' 'Enter the number of Kindergarten pupils in your School: A. [input box]' 'Enter the number of pupils from box "A" above WITH ALL REQUIRED IMMUNIZATIONS: B. [input box]' 'See the Work Sheet for the minimum requirements of complete immunizations. Students listed in tthis category need no further follow-up.' A red box highlights the 'Enter the number of pupils from box "A" above WITH ALL REQUIRED IMMUNIZATIONS' field.

Enter **Total Number of Pupils with a Medical Exemption**

Total number of pupils with a medical exemption that is certified by a licensed physician

Enter **Total Number of Pupils with a Reason of Conscience or Religious Objection**

Total number of pupils with a written statement from the pupil's parent or guardian that states reason for exemption

Enter Total Number of Pupils with a **vaccine specific exemption(s)**

| Exemptions   |                      |                      |                      |                      |                      |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| Number of pupils from box "A" above WHO HAVE A MEDICAL CONTRAINDICATION ON FILE:<br>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). |                      |                      |                      | C.                   | <input type="text"/> |
| Number of pupils from box "A" above WHO HAVE A REASON OF CONSCIENCE/RELIGIOUS OBJECTION ON FILE:<br>A written statement, signed by a parent/guardian, stating the objection, must be on file as part of the enrollee's records.                                  |                      |                      |                      | D.                   | <input type="text"/> |
| Record the number of pupils with exemptions (Medical Contraindication or Reason of Conscience or Religious Objection) for each of the following:   |                      |                      |                      |                      |                      |
| DTaP   | Polio                | MMR                  | HepB                 | Varicella            |                      |
| E.   | F.                   | G.                   | H.                   | I.                   |                      |
| <input type="text"/>   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |                      |

Enter **Number of Pupils Not Complete**

Total number of pupils that are missing at least one required dose **and** have no exemptions on file

|   |                            |   |                             |                      |                      |                      |           |                |
|---|----------------------------|---|-----------------------------|----------------------|----------------------|----------------------|-----------|----------------|
| Number of pupils from box "A" above NOT complete and having NO exemption on file*<br>J.<br><input type="text"/> | R<br>E<br>A<br>S<br>O<br>N | Total number of pupils that fall into these categories (NOT DOSES): |                             |                      |                      |                      |           |                |
|   |                            | Record not on file  | OR Record on file indicates | NEED DTaP            | NEED Polio           | NEED MMR             | NEED HepB | NEED Varicella |
|   |                            | K.  |                             | L.                   | M.                   | N.                   | O.        | P.             |
| <input type="text"/>  | <input type="text"/>       | <input type="text"/>  | <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/> |           |                |

\*Include students "in process" but do NOT include pupils counted in boxes C and 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.

Enter reason for incomplete:

**1) Immunization Record not on file**

*Total number of pupils who have no immunization record on file and no exemption on file*

**-OR-**

**2) Immunization Record on file but missing at least one required dose**

*Total number of pupils who have an immunization record on file but missing at least one required dose with no exemption on file*

|                            |   |   |  |   |  |  |   |  |
|----------------------------|---|---|--|---|--|--|---|--|
| R<br>E<br>A<br>S<br>O<br>N | Number of pupils from box "A" above NOT complete and having NO exemption on file* | Total number of pupils that fall into these categories (NOT DOSES): |  |   |  |  |   |  |
|                            | J.<br><input type="text"/>  | <input type="checkbox"/> Record not on file                         | <input type="checkbox"/> OR Record on file indicates | NEED DTaP<br>L.<br><input type="text"/> | NEED Polio<br>M.<br><input type="text"/> | NEED MMR<br>N.<br><input type="text"/> | NEED HepB<br>O.<br><input type="text"/> | NEED Varicella<br>P.<br><input type="text"/> |
|                            | K.<br><input type="text"/>  |   |  |   |  |  |   |  |

\*Include students "in process" but do NOT include pupils counted in boxes C and 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.

Enter **Total Number of Pupils In-Process**

*Total number of pupils who are waiting the minimum interval between doses (as defined by the CDC)*

Enter **Total Number of Pupils In-Process for specific vaccines listed**

|  |                      |                           |                      |
|--|----------------------|---------------------------|----------------------|
| Total number in process (in process for 1 or more vaccine series): | <input type="text"/> | LL. DTaP in process:      | <input type="text"/> |
| MM. Polio in process:  | <input type="text"/> | NN. MMR in process:       | <input type="text"/> |
| OO. HepB in process:   | <input type="text"/> | PP. Varicella in process: | <input type="text"/> |

Click **Save** or **Submit**

*Save will keep the information you have entered and will allow you to go back and edit*

|                                     |                                     |                                       |                                      |
|-------------------------------------|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="button" value="Back"/> | <input type="button" value="Save"/> | <input type="button" value="Submit"/> | <input type="button" value="Print"/> |
|-------------------------------------|-------------------------------------|---------------------------------------|--------------------------------------|

After you submit an online report, you will be directed to a confirmation page. Print this page for your record.

From the confirmation page, you can return to the main reporting page to complete other forms or exit.

If you would like to print out a summary of the information you entered

- Return to the main reporting page
- Find your school in the drop-down menu
- Select the type of report you entered (Kindergarten, Grades 1-6 & 8-11 report, etc.)
- Click Continue
- You will be directed to the completed report. You can then print this screen for your records.

If your school is not able to submit these reports online, you will need to print the necessary summary report forms, complete each form, and submit the forms by mail. All instructions, forms and mailing information are printable from the ODH website (<https://odh.ohio.gov/know-our-programs/immunization>). Schools that do not have internet access must work with their district office to access the reporting site. Reporting is to be completed and submitted to ODH by **October 15<sup>th</sup>**.

**Paper summaries should be mailed to:**

Ohio Department of Health  
Bureau of Infectious Diseases  
Immunization Program  
246 N High St, 2nd Floor  
Columbus, OH 43215

Thank you for your cooperation. If you have any questions, please call the ODH Immunization Program at **1-800-282-0546**.