

# 2025-2026 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**



**Department of  
Health**

## Instructions

Use this worksheet to help you fill out your annual immunization survey. **DO NOT RETURN** the worksheet to the Ohio Department of Health (ODH). ODH only collects aggregated school data. **DO NOT** report individual names of students to assure the Family Educational Rights and Privacy Act (FERPA) requirements are followed.

ODH has developed an online reporting process for schools to document immunization levels for kindergarten, seventh grade, 12th grade, and new pupils in grades first through sixth and eighth through 11th.

The online reporting tool can be accessed at <http://schoolreporting.odh.ohio.gov>.

## Reporting Overview

[Ohio Revised Code section 3313.67](#) requires that schools report the immunization status of students **by Oct. 15 of each year**. Each school or portion of a school that has its own [Information Retrieval Number \(IRN\)](#) must submit a separate report for all applicable grades.

## Immunization Requirements for School Attendance in Ohio

Minimum immunization requirements, including doses and minimum intervals can be found in the [Director's Journal](#). Schools can find additional resources, such as the [School Immunization Summary](#), on the [Ohio Department of Health \(ODH\) Immunization program](#) webpage.

Vaccine should be administered 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 One Month Behind](#), as published by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices.

## 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.

**DO NOT SEND THIS WORKSHEET TO THE OHIO DEPARTMENT OF HEALTH.**

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

## Exemption Line List (Kindergarten)

### Exemption Definition

**Medical Exemption:** A student whose physician certifies in writing that such immunization against any disease is medically contraindicated ([Ohio Revised Code 3313.671](#)).

**Reason of Conscience, including Religious Convictions:** A student who presents a written statement of the pupil's parent or guardian in which the parent or guardian declines to have the pupil immunized for reasons of conscience, including religious convictions ([Ohio Revised Code 3313.671](#)).

	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)	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							
	Totals:		E.	F.	G.	H.	I.

## Pupils Not Complete Line List (Kindergarten)

	List the pupils NOT complete with NO exemption on File	Immunization Record NOT on File	OR Record on file indicates	Need DTaP	Need Polio	Need MMR	Need Hep B	Need Varicella
	J.	K.		L.	M.	N.	O.	P.
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
	<b>Totals:</b>	K.		L.	M.	N.	O.	P.

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.**

## 2025-2026 SUMMARY REPORT ON THE IMMUNIZATION STATUS OF INCOMING KINDERGARTNERS IN YOUR SCHOOL

Date \_\_\_\_\_ Name of District (if applicable): \_\_\_\_\_ ☐ Public ☐ Private  
 Name of School: \_\_\_\_\_ Address: \_\_\_\_\_  
 City and ZIP: \_\_\_\_\_ IRN Number: \_\_\_\_\_  
 County: \_\_\_\_\_ Grades in this report: Kindergarten  
 Name of Person Compiling Report: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Title of Person Compiling Report: \_\_\_\_\_

### Include all Kindergartners 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:	<b>A.</b>	
Enter the number of pupils from box "A" <b>WITH ALL REQUIRED IMMUNIZATIONS:</b> See the Work Sheet for the minimum requirements of complete immunizations.	<b>B.</b>	
EXEMPTIONS:		
Number of pupils from box "A" <b>WHO HAVE A MEDICAL CONTRAINDICATION ON FILE:</b> <i>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.</i>	<b>C.</b>	
Number of pupils from box "A" <b>WHO HAVE A REASON OF CONSCIENCE/RELIGIOUS OBJECTION ON FILE:</b> <i>A written statement, signed by a parent/guardian, stating the objection, must be on file as part of the enrollee's records.</i>	<b>D.</b>	

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

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

Number of pupils from box "A" <b>NOT</b> complete and have <b>NO</b> exemption on file*	<b>R E A S O N</b>	<b>Record not on file</b>	<b>OR Record on file indicates</b>	Need DTaP	Need Polio	Need MMR	Need Hep B	Need Varicella
<b>J.</b>		<b>K.</b>		<b>L.</b>	<b>M.</b>	<b>N.</b>	<b>O.</b>	<b>P.</b>

\*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 and are waiting the minimum spacing between doses to complete the series.

**Total** number in process (in process for one 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.**

Transfer all totals to the online reporting tool and submit your summaries by October 15.

Submit reports through the online tool at:  
<http://schoolreporting.odh.ohio.gov>.

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ODH Immunization Program at **1-800-282-0546**.