

Instructions for Ohio Schools Reporting Annual Immunization Summaries



Department of
Health

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.

Ohio laws regarding school immunization requirements are found in two Ohio Revised Code (ORC) sections, written under Title 33 regarding education and libraries. For additional information please refer to [Ohio Revised Code 3313.671](#).

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.

[Ohio Revised Code 3313.671](#) requires students to be fully protected against 10 vaccine-preventable diseases: [Diphtheria](#), [Hepatitis B](#), [Measles](#), [Meningococcal](#) (ACWY), [Mumps](#), [Pertussis](#), [Polio](#), [Rubella](#), [Tetanus](#), and [Varicella](#) (Chickenpox).

Vaccines 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.

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, legal guardian, or doctor's written statement that a child has already had **measles, mumps, and varicella** is acceptable in place of vaccination records ([Director's Journal](#)).

For **rubella**, only a record of **actual vaccination** or **laboratory test** result showing evidence of immunity is acceptable ([Director's Journal](#)).

Vaccine doses administered **four days or less (grace period)** before the minimum interval or age are considered valid ([Pink Book Chapter 2: General Best Practice Guidance for Immunization](#)).

- If **two 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** ([Pink Book Chapter 2: General Best Practice Guidance for Immunization](#)).

If an **invalid dose** was given, the next dose should be administered after waiting for the **minimum interval from the invalid dose** and after reaching the minimum age requirement.

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](#)).

Non-compliant Definition

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

In-Process: means the pupil has been **immunized against mumps, rubeola, rubella, and chicken pox**, and if the pupil has **not been immunized against poliomyelitis, diphtheria, pertussis, tetanus, hepatitis B, and meningococcal disease**, the pupil has received **at least the first dose** of the immunization sequence, and presents written evidence to the pupil's building principal or chief administrative officer of each subsequent dose required to obtain [immunization at the intervals prescribed by the director of health](#) ([Ohio Revised Code 3313.671](#)).

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.

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.

Reporting Instructions

[Ohio Revised Code section 3313.67](#) requires that all schools report a summary of the immunization status of pupils each year to the Director of Health by **October 15** each calendar year.

Schools will need to complete a separate report(s) for each school with an [Information Retrieval Number \(IRN\)](#) according to the following type:

- Kindergarten.
- Seventh grade.
- 12th grade.
- New Students Report (First through Sixth; Eighth through 11th grade).

Example 1: If your school is a high school (grades ninth-12th), you will submit separate summary reports for 12th grade and new pupils (ninth through 11th grade) (**a total of two summary reports**).

Example 2: If your school is an elementary school (grades kindergarten-sixth), you will submit separate summary reports for kindergarten and new pupils (first through sixth grade) (**a total of two summary reports**).

A school's IRN is a number assigned by the Ohio Department of Education and Workforce to each school or education-related entity. If you do not know your IRN number, check with your school administrator or in the [Ohio Education Directory \(OEDS\)](#).

Demographics

The following demographic information is reported for each summary submitted:

- School name.
- School IRN.
- School address.
- School contact information.
- School type (private or public).

Important note: ODH only collects aggregated school data. **Do not** report individual names of **students to ensure the Family Educational Rights and Privacy Act (FERPA) requirements are followed**.

Immunization Status

Schools will report the total number of pupils enrolled in the grade they are reporting.

From the total number of pupils enrolled, schools will indicate how many students meet the overall immunization status as defined below.

1. All required immunizations:

- A student who has received **ALL** required valid doses or has valid proof of history of disease or has valid proof of immunity for a disease as defined by the [Director's Journal](#).

2. Medical exemption:

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

3. Reason of conscience or religious exemption:

- A student who presents a written statement from 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](#)).

4. Incomplete, without an exemption for any missing requirements:

- A student who does not have an immunization chart/record on file (missing all doses) with no exemptions; or has an immunization chart/record on file but is missing at least one requirement with no exemption on file.

Important note: Students can only have one overall immunization status. When totaled together, all four categories must equal total enrolled.

Important note: If a student has both an exemption on file and is incomplete for at least one dose, include this student in your reported exemptions. However, you should still follow-up with the student regarding the missing dose.

Report number of students, not doses.

$$\begin{array}{ccccccc} \text{All required} & & & & \text{Reason of} & & \text{Incomplete} & & \\ \text{immunizations.} & + & \text{Medical} & + & \text{conscience} & + & \text{with no} & = & \text{Total} \\ & & \text{exemption.} & & \text{or religious} & & \text{exemption} & & \text{Enrolled.} \\ & & & & \text{exemption.} & & \text{on file.} & & \end{array}$$

Exemption Status

Out of the total number of students reported with a medical exemption or a reason of conscience including religious exemption, report how many had an exemption for each of the applicable requirements for the grade you are reporting.

Incomplete Status

Out of the total number of students who were incomplete with no exemption on file, report how many were either:

1. Does not have an immunization chart/record on file (missing all doses) with no exemption.
- OR**
2. Has an immunization chart/record on file but is missing at least one requirement with no exemption on file.

In-Process Status

Out of the total number of students who were incomplete with no exemption on file, report how many are considered in-process.

Definition of category:

In-Process: means the pupil has been **immunized against mumps, rubeola, rubella, and chicken pox**, and if the pupil has **not been immunized against poliomyelitis, diphtheria, pertussis, tetanus, hepatitis B, and meningococcal disease**, the pupil has received **at least the first dose** of the immunization sequence, and presents written evidence to the pupil's building principal or chief administrative officer of each subsequent dose required to obtain [immunization at the intervals prescribed by the director of health](#) ([Ohio Revised Code 3313.671](#)).

How to complete your online report.

Step 1: Access the online reporting tool module at: schoolreporting.odh.ohio.gov.

Step 2: To begin your report, **Click** the blue box that says, “**Submit a summary report on the immunization status of pupils in Kindergarten, Grade 7, Grades 1-6 & 8-11, and Grade 12**”.

Online Reporting

Click On the Appropriate Link/Text Below:

Submit a summary report on the immunization status of pupils in Kindergarten, Grade 7, Grades 1-6 & 8-11, and Grade 12.

Step 3: Search by your school's **IRN number** or by your school's **ZIP Code**.

SUMMARY REPORT ON THE IMMUNIZATION STATUS OF PUPILS IN KINDERGARTEN, GRADES 1-6 & 8-11, GRADE 7, AND GRADE 12

Enter I.R.N Number:

OR

Enter Zip Code:

School Name: --Select School--

☒ Kindergarten ☐ 7th Grade ☐ 1 - 6 & 8 - 11 Grade ☐ 12th Grade

Step 4: **Select** your school's name from the drop-down menu.

SUMMARY REPORT ON THE IMMUNIZATION STATUS OF PUPILS IN KINDERGARTEN, GRADES 1-6 & 8-11, GRADE 7, AND GRADE 12

Enter I.R.N Number:

OR

Enter Zip Code:

School Name: --Select School--

☒ Kindergarten ☐ 7th Grade ☐ 1 - 6 & 8 - 11 Grade ☐ 12th Grade

Important Note: If you are unable to find your school in the drop-down menu, **Click Add School**.

SUMMARY REPORT ON THE IMMUNIZATION STATUS OF PUPILS IN KINDERGARTEN, GRADES 1-6 & 8-11, GRADE 7, AND GRADE 12

Enter I.R.N Number:

OR

Enter Zip Code:

School Name: --Select School--

☒ Kindergarten ☐ 7th Grade ☐ 1 - 6 & 8 - 11 Grade ☐ 12th Grade

Add School Back Continue

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

Once you have added your school's name, you will need to perform **Step 3** and **Step 4** again.

School Information

School:	Sunshine High School	I.R.N Number:	555555
District:	Sunshine		
Address:	100 Main Street	County:	FRANKLIN
City:	Columbus	Zip:	43221
Classification Type:	Public		

Cancel Save

Step 5: Select the type of report (*Kindergarten; 7th Grade; 1-6 & 8-11 Grade; or 12th Grade*). Click **Continue**.

Enter I.R.N Number:	
OR	
Enter Zip Code:	43221
School Name:	Sunshine High School

☒ Kindergarten
 ☐ 7th Grade
 ☐ 1 - 6 & 8 - 11 Grade
 ☐ 12th Grade

Add School Back Continue

Step 6: Complete **School Information**.

Important Note: If the school's demographic information listed is incorrect, contact the ODH Immunization Program.

School Information

Date:	7/29/2019	
Name of District:	Sunshine	<input type="radio"/> Private <input checked="" type="radio"/> Public
Name of School:	Sunshine High School	I.R.N Number: 555555
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		
Title of Person Compiling Report:	Nurse (School nurse, District nurse, etc.)		

Step 7: Enter **Total Number of Pupils Enrolled** for the grade you are reporting.

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 type="text"/>
Enter the number of pupils from box "A" above WITH ALL REQUIRED IMMUNIZATIONS:	B. <input type="text"/>
See the Work Sheet for the minimum requirements of complete immunizations. Students listed in this category need no further follow-up.	

Step 8: Enter **Total Number of Pupils with All Required Immunizations.**

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 type="text"/>
Enter the number of pupils from box "A" above WITH ALL REQUIRED IMMUNIZATIONS: See the Work Sheet for the minimum requirements of complete immunizations. Students listed in this category need no further follow-up.	B.	<input type="text"/>

Step 9: Enter **Total Number of Pupils with a Medical Exemption.**

Exemptions

Number of pupils from box "A" above WHO HAVE A MEDICAL CONTRAINDICATION ON FILE: 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: 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:												
<table border="1"><tr><td>DTaP</td><td>Polio</td><td>MMR</td><td>HepB</td><td>Varicella</td></tr><tr><td>E. <input type="text"/></td><td>F. <input type="text"/></td><td>G. <input type="text"/></td><td>H. <input type="text"/></td><td>I. <input type="text"/></td></tr></table>	DTaP	Polio	MMR	HepB	Varicella	E. <input type="text"/>	F. <input type="text"/>	G. <input type="text"/>	H. <input type="text"/>	I. <input type="text"/>		
DTaP	Polio	MMR	HepB	Varicella								
E. <input type="text"/>	F. <input type="text"/>	G. <input type="text"/>	H. <input type="text"/>	I. <input type="text"/>								

Step 10: Enter **Total Number of Pupils with a Reason of Conscience including a Religious Objection.**

Exemptions

Number of pupils from box "A" above WHO HAVE A MEDICAL CONTRAINDICATION ON FILE: 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: 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:												
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DTaP	Polio	MMR	HepB	Varicella								
E. <input type="text"/>	F. <input type="text"/>	G. <input type="text"/>	H. <input type="text"/>	I. <input type="text"/>								

Step 11: Enter **Total Number of Pupils Exempt** for each vaccine requirement.

Exemptions

Number of pupils from box "A" above WHO HAVE A MEDICAL CONTRAINDICATION ON FILE: 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: 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"/>										
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DTaP	Polio	MMR	HepB	Varicella								
E. <input type="text"/>	F. <input type="text"/>	G. <input type="text"/>	H. <input type="text"/>	I. <input type="text"/>								

Step 12: Enter **Total Number of Pupils Incomplete with No Exemption on File.**

Number of pupils from box "A" above NOT complete and having NO exemption on file* J. <input type="text"/>	R E A S O 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. <input type="text"/>		L. <input type="text"/>	M. <input type="text"/>	N. <input type="text"/>	O. <input type="text"/>	P. <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.

Step 13: Out of those who were reported as incomplete, enter the total of students who were incomplete due to either:

- **Immunization Record not on file (no chart or record on file at your school) with no exemption on file.**

OR

- **Immunization Record on file but missing at least one required dose with no exemption on file.**

Number of pupils from box "A" above NOT complete and having NO exemption on file* J. <input type="text"/>	R E A S O 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. <input type="text"/>		L. <input type="text"/>	M. <input type="text"/>	N. <input type="text"/>	O. <input type="text"/>	P. <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.

Step 14: Enter **Total Number of Pupils In-Process** and **Total Number of Pupils In-Process for specific vaccines required.**

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"/>

Step 15: Complete your report by clicking the '**Submit**' button.

Back	Save	Submit	Print
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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 the online reporting tool.

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 to the ODH Immunization Program.

Reports must be received at the Ohio Department of Health by October 15th.

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**.