

2026-2027 Instructions and Worksheet

To be used to assist in preparing the required:
**Summary Report on the Immunization Status of New Pupils
in Your School in Grades 1-6 & 8-11**



**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 [school reporting tool](#) can be accessed through ODH.

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.

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.

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

Exemption Line List (first through sixth; eighth through 11th grade)

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	Tdap	Meningococcal (MCV4)
	(C. & D.)		E.	F.	G.	H.	I.	J.	K.
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
	Totals:		E.	F.	G.	H.	I.	J.	K.

Pupils Not Complete Line List (first through sixth; eighth through 11th grade)

	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	Need Tdap	Need MCV4
	L.	M.		N.	O.	P.	Q.	R.	S.	T.
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
	Totals:	M.		N.	O.	P.	Q.	R.	S.	T.

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.

2026-2027 SUMMARY REPORT ON THE IMMUNIZATION STATUS OF NEW PUPILS 1-6 & 8-11 GRADERS 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: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 8 ☐ 9 ☐ 10 ☐ 11
 (Check all that apply)
 Name of Person Compiling Report: _____ Telephone: _____
 Email: _____ Title of Person Compiling Report: _____

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

Enter the number of pupils "New to the District" in your school:	A.	
Enter the number of pupils from box "A" WITH ALL REQUIRED IMMUNIZATIONS: See the worksheet for the minimum requirements of complete immunizations.	B.	
EXEMPTIONS:		
Number of pupils from box "A" 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.	C.	
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: A written statement, signed by a parent/guardian, stating the objection, must be on file as part of the enrollee's records.	D.	

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

DTaP E.	Polio F.	MMR G.	Hep B H.	Varicella I.	Tdap J.	Meningococcal K.

Number of pupils from box "A" NOT complete and have NO exemption on file* L.	REASON M.	Record not on file N.	OR Record on file indicates O.	Need DTaP P.	Need Polio Q.	Need MMR R.	Need Hep B S.	Need Varicella T.	Need Tdap U.	Need Meningococcal V.

*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 N, O, P, Q, and R 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): _____
NN. DTaP in process: _____ **OO. Polio** in process: _____
PP. MMR in process: _____ **QQ. Hep B** in process: _____
RR. Varicella in process: _____

Math Check: Do B+C+D+L=A? They must add up 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 [School Reporting](#) tool.

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