



Requests for Immunization Records Ohio Impact Statewide Immunization Information System (ImpactSIIS)

The Ohio Department of Health maintains the Ohio Impact Statewide Immunization Information System (ImpactSIIS), an online tool that allows providers to record immunizations/vaccinations administered in the state of Ohio. If you are seeking to obtain a copy of your immunization records from the state system, it is important to know that such records are protected by medical confidentiality laws and that there may be a number of other ways to access them.

Most COVID-19 vaccine providers in Ohio are required to report patient information into ImpactSIIS when the COVID-19 vaccine is administered. If you have received the COVID-19 vaccine in Ohio, your information should be in the system. Vaccine providers in Ohio are not required to report other vaccinations to the state system. It is possible that other vaccinations you have received will not be recorded in our system.

If you need vaccination records, you can:

- Ask your healthcare provider, who will have a copy of your medical records and may be able to access the state system.
- Contact your local health department, which may be able to access the state system. To find your health department, go to odh.ohio.gov/local.
- Ask a workplace, camp, or school that you may have provided the records to in the past.

If you choose to request vaccination records from the Ohio Department of Health, **please note the paperwork cannot be faxed or emailed:**

- **Staff cannot verify whether your records are in the state's ImpactSIIS system through a phone or email request.**
- **You must mail:**
 - The [ODH Authorization to Release form](#) with your original signature. A copy, fax, or email will not be accepted.
 - Please make sure you indicate your current mailing address on the Authorization to Release form.
 - A photocopy of a government-issued ID with your signature, to be compared to the signature on the form.
 - Please note: An Authorization to Release form is only good for one request. If you are requesting information for a spouse or a dependent, you will need to fill out a second form and provide supporting ID information for that individual.
- Mail both items to:
Immunization Program
Ohio Department of Health
246 N. High St.
Columbus, OH 43215