

Florida SHOTS™

QUICK TIPS

FOR FULL-ACCESS ACCOUNTS IN COUNTY HEALTH DEPARTMENTS

Contact Information

www.flshots.com

Free help desk:

877-888-SHOT (7468)

Monday – Friday, 8 A.M. to 5 P.M. Eastern

A complete user guide and Web-based training can be located under **“Customer Support”** from the registry’s sidebar menu. You may want to print out a copy of the user guide for easy reference. Free web-based training is available 24 hours a day.



Quick Content Finder

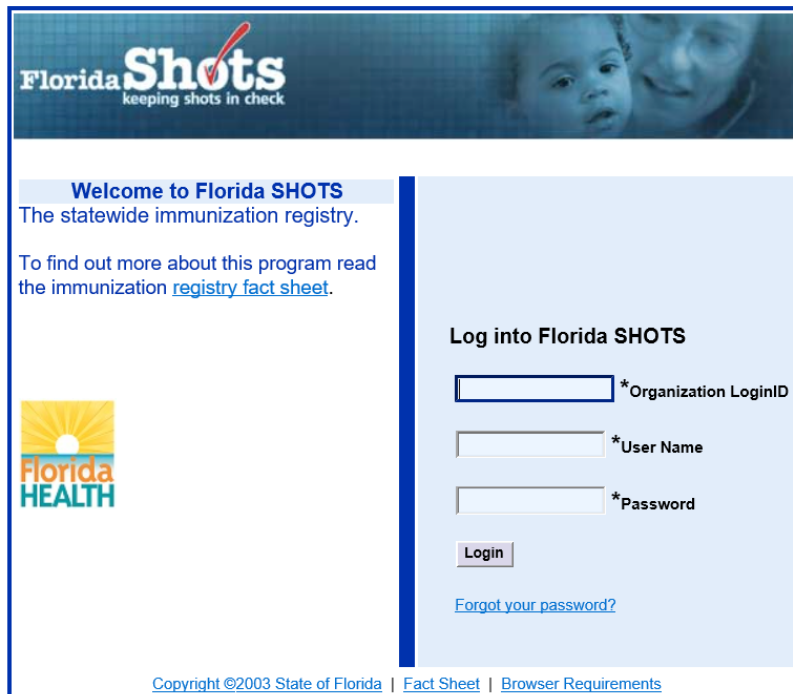
LOGGING IN	1
RESETTING PASSWORDS	2
UNLOCKING AND RESETTING USERS (ADMINISTRATIVE USERS ONLY)	4
ADDING AND DELETING PERSONNEL (ADMINISTRATIVE USERS ONLY)	5
FUNCTIONS AVAILABLE ON THE REGISTRY'S MAIN MENU	7
ENTERING VACCINATIONS IN THE REGISTRY	10
DH FORM 680 (FLORIDA CERTIFICATION OF IMMUNIZATION)	14



1. LOGGING IN

Login Screen

- URL:
<https://www.flshots.com/flshots/signin.csp>
- For quick access, add this URL to your “Favorites” within Internet Explorer.
- Passwords must be entered *exactly* as they were created. We recommend that passwords be created in all caps and that you keep your computer in CAPS LOCK at login.



Florida Shots
keeping shots in check

Welcome to Florida SHOTS
The statewide immunization registry.

To find out more about this program read the immunization [registry fact sheet](#).

Log into Florida SHOTS

*Organization LoginID

*User Name

*Password

Login

[Forgot your password?](#)

Copyright ©2003 State of Florida | [Fact Sheet](#) | [Browser Requirements](#)

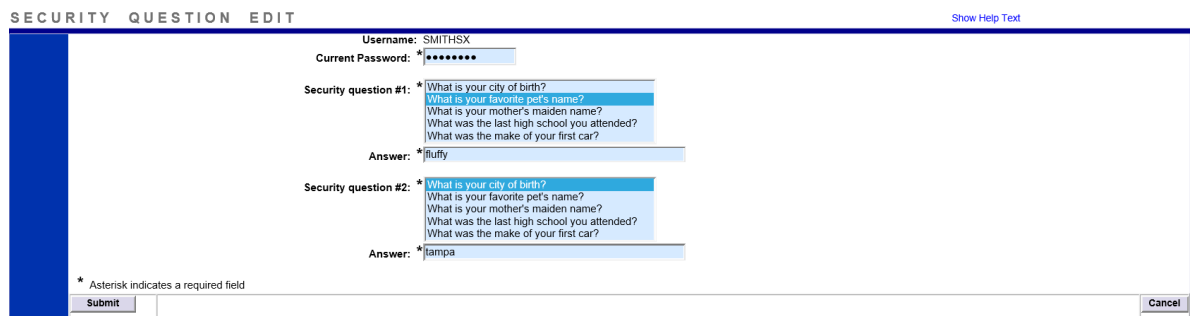
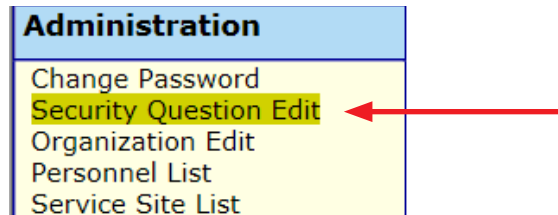
How to Log In

- **Organization Login ID (OLI):** The OLI is a unique identifier assigned to your organization by the Florida Department of Health (DOH).
 - **User Name:** The user name is a unique alphanumeric identifier that informs the system of the user’s identity within the provider organization. DOH assigns the site administrator’s user name, and then the administrator may add or delete additional users. (Florida SHOTS will automatically create those IDs, or you can override the names with your own.)
 - **Password:** When your account is activated, DOH or your local administrator will provide you with a password to access the system.
- For security purposes, you will be required to change this password following initial access
- Passwords must be at least seven characters long, are case-sensitive, and must be kept confidential.
 - They should be changed once every 90 days.
 - If your password doesn’t work after you’ve tried to enter it twice, use the **“Need Password Assistance?”** function to reset it.
- After three failed login attempts, the account will be locked, and an administrator will need to unlock it. The local administrator will be able to unlock the individual accounts of staff members they have added to their organization’s account. However, if the local administrator on the account is locked out, that person will need to reset their password or call the Florida SHOTS help desk directly to have their account unlocked.

2. RESETTING PASSWORDS

Setting Security Questions

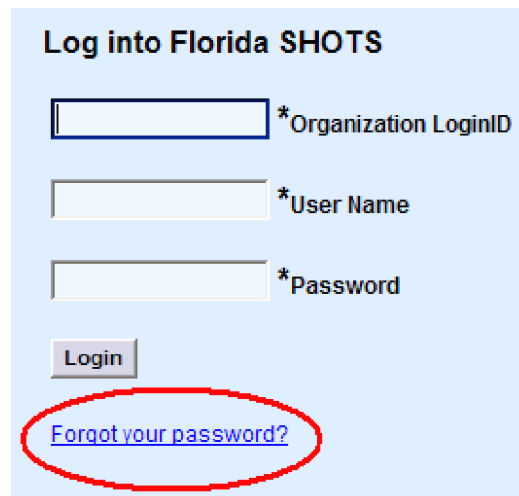
Florida SHOTS allows you to reset your password by answering user-selected security questions. If you have not selected security questions and answers, you will be prompted to do so when you log into the system. To change these questions and answers later, select the **“Security Question Edit”** link from the **“Administration”** menu.



The image shows a screenshot of the 'SECURITY QUESTION EDIT' form. The form has a blue header with the text 'SECURITY QUESTION EDIT' and a 'Show Help Text' link. Below the header, there are several fields: 'Username: SMITHSX', 'Current Password: *' (with a masked password), 'Security question #1: *' (with a dropdown menu showing options like 'What is your city of birth?', 'What is your favorite pet's name?', etc.), 'Answer: *' (with a text input field containing 'fluffy'), 'Security question #2: *' (with a dropdown menu showing the same options as question #1), and 'Answer: *' (with a text input field containing 'lampa'). At the bottom, there is a 'Submit' button and a 'Cancel' button. A note at the bottom left states '* Astersk indicates a required field'.

Password Assistance Link

Once questions and answers are on file, if you forget your password or need to reset an expired password, click the **“Need Password Assistance?”** link on the login screen.



The image shows a screenshot of the 'Log into Florida SHOTS' login screen. It has a light blue background. There are three input fields: 'Organization LoginID', 'User Name', and 'Password', each with an asterisk indicating it is a required field. Below the input fields is a 'Login' button. At the bottom, there is a blue link that says 'Forgot your password?', which is circled in red.

2. RESETTING PASSWORDS (cont.)

Security Prompts

You will be prompted to enter your organization login ID and username and then answer your security questions. If the questions are answered correctly, you will be allowed to reset your password. If the questions are not answered correctly after three attempts, your account will be locked and your local account administrator or the Florida SHOTS help desk will need to unlock the account.



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Forgot Your Password?

To reset your password enter your organization's login id and and your user name.

When you click the Submit button your security questions will be displayed.

If you provide the correct answers to the security questions you will be allowed to enter a new password.

Organization LoginID *

User Name: *

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3. UNLOCKING AND RESETTING USERS (ADMINISTRATIVE USERS ONLY)

Occasionally, users may be locked out or their account may expire. Accounts can become locked after an invalid login information is entered three times, and an account can expire if the user hasn't changed their password in more than 90 days from the last time it was set or changed. Administrators may unlock these accounts through the **"Personnel Maintenance"** screen of the affected user(s). To get to a particular user's maintenance screen, simply click on the row with the user's name in the **"Personnel List"** screen, accessed by clicking on **"Personnel List"** in the **"Administration"** submenu. If a user is locked out, the **"Account Locked"** checkbox will be checked and must be unchecked prior to any further maintenance.

A user's password can be reset at any time by entering a new password and confirming the password.

The screenshot shows a web form titled "Only for Staff who sign in to Florida SHOTS". The form contains the following fields and options:

- System User ID:** * WESTJKX
- System User Start Date:** 05/18/2016
- System Password:** *
- Authorization:** Full Access
- Password Expiration:** * 08/17/2016
- System User End Date:** (Login disabled as of this date)
- Confirm Password:** *
- Account Locked:**
- Roles:** * Local Org Administrator (selected), Local Org Inventory Only, Local Org Staff, Org View Only
- Selected Roles:** Local Org Administrator
- Create Certified Form 680:** * Yes (selected) Is authorized to create a Certified (e-signed) Form 680 in Florida SHOTS
- Create Form 681:** * Yes (selected) Is authorized to create an (e-signed) Form 681 in Florida SHOTS
- User must change password at next logon
- Florida SHOTS training acknowledged on 05/18/2016

* Asterisk indicates a required field

Buttons at the bottom: Submit, Return to Personnel Listing, Service Site Responsibilities, Cancel

Changing a password will automatically renew a user's expiration date. After any of these changes are made, the administrator must click the **"Submit"** button to save the changes. The administrator can then verify that the changes have been made by checking the personnel list.

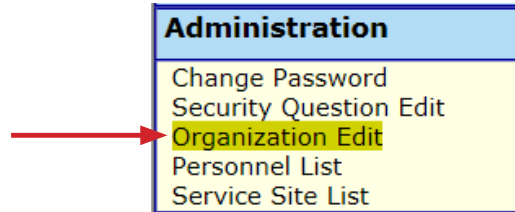
If a password has not been reset for 90 days (expired for 60 days), the system automatically changes the user's status to inactive. To reactivate the user, go to **"Personnel List"** and place a check mark in the **"Inactive"** box and click on **"Display."** Click on the personnel record, take out the end date for the user you are reactivating, and assign a new password. (The user must change that password when they log in.)

If you do not know who your Local Organization Administrator is, please click on **"Customer Support"** in the menu and find the **"Contacts"** link. This provides users with the Local Organization Administrator as well as contact information for the Florida SHOTS team.

4. ADDING AND DELETING PERSONNEL (ADMINISTRATIVE USERS ONLY)

Edit Contact Information

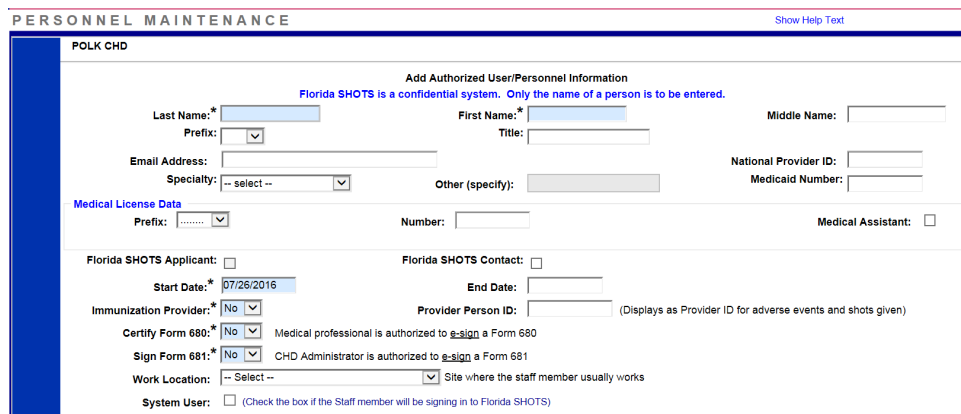
Administrative users can edit the contact information in the **“Organization Edit”** screen from the sidebar menu. If any information is incorrect, please send an email to Florida SHOTS staff (flshots@flhealth.gov). Once the **“Organization Edit”** link has been used, the **“Organization Maintenance”** screen will appear.



The local Florida SHOTS administrator is the individual(s) designated by the responsible authorized individual within the enrollment application as a participant in Florida SHOTS with authority to manage system access for other users within the organization. The administrator(s) displayed may or may not be the same as the responsible authorized individual. This person will be able to grant access to others within the facility as approved by the responsible authorized individual. Administrators can also click on any user to change their access information. From the **“Personnel List”** administrators have the ability to add a new user or change the status and access of an existing user.

Adding New Users

The **“Add New Person”** button within the **“Personnel List”** screen takes administrators to the **“Personnel Maintenance”** screen for creating a new system user. There, administrators can enter several key pieces of information regarding the new user to be added. The system administrator must have the user’s start date prior to entry into the system. End dates are not required but should be added when a user leaves or no longer requires access to Florida SHOTS. The system will only accept an end date that is equal to or less than the password expiration date.

A screenshot of the "PERSONNEL MAINTENANCE" form. The form is titled "Add Authorized User/Personnel Information" and includes a warning: "Florida SHOTS is a confidential system. Only the name of a person is to be entered." The form fields are organized into sections: "Personal Information" (Last Name, First Name, Middle Name, Prefix, Title), "Contact Information" (Email Address, National Provider ID, Medicaid Number, Specialty, Other (specify)), "Medical License Data" (Prefix, Number, Medical Assistant checkbox), "Florida SHOTS Applicant/Contact" (Florida SHOTS Applicant, Florida SHOTS Contact, Start Date, End Date), "Immunization Provider" (Immunization Provider, Provider Person ID), "Certification" (Certify Form 680, Sign Form 681), "Work Location" (Work Location), and "System User" (System User checkbox). The form is currently populated with "POLK CHD" and "07/26/2016".

4. ADDING AND DELETING PERSONNEL (cont.)

Users who physically inject patients with vaccine should have a **“Yes”** in the **“Immunization Provider”** box. Users who do not provide immunizations should have a **“No.”** Any user who can legally sign his or her own name on the DH Form 680 should have a **“Yes”** in the **“Certify Form 680”** box. Users who cannot sign Form 680s should have a **“No”** in that box. The **“Provider Person ID”** is generated by the system for immunization providers only. This is a unique ID that cannot be changed once submitted. The **“System User”** box should only be checked for all users who will require access to Florida SHOTS. If the box is left unchecked, the user will not be able to log into Florida SHOTS, but will appear on your organization’s list of immunization providers.

Florida SHOTS Applicant:	<input type="checkbox"/>	Florida SHOTS Contact:	<input type="checkbox"/>
Start Date:*	<input type="text" value="06/21/2016"/>	End Date:	<input type="text"/>
Immunization Provider:*	<input type="text" value="No"/>	Provider Person ID:	<input type="text"/> (Displays as Provider ID for adverse events and shots)
Certify Form 680:*	<input type="text" value="No"/>	Medical professional is authorized to <u>e-sign</u> a Form 680	
System User:	<input type="checkbox"/> (Check the box if the Staff member will be signing in to Florida SHOTS)		

Users who will require access to Florida SHOTS must have the following information included in their user account: **“System User ID”** is generated by the system, but can be changed by the administrator. **“Password Expiration”** is also generated by the system each time a new password is created. **“System Password”** must initially be set by the administrator. The password will need to be entered again in the **“Confirm Password”** box. **“Authorization”** must be set to **“Full Access”** for the user to have access to have Florida SHOTS. **“Role”** will be determined by the administrator, but the majority of users are set as **“Local Org Staff.”**

When a new user signs into Florida SHOTS, they will see a task in the **“User Task List”** to acknowledge training. From there, they can link to the training and resources page within the registry and check the box to acknowledge training. Administrators may also check the box within the personnel record to acknowledge training on behalf of the user.

Only for Staff who sign in to Florida SHOTS			
System User ID:*	<input type="text" value="WESTJKX"/>	Password Expiration:*	<input type="text" value="08/17/2016"/>
System User Start Date:	<input type="text" value="05/18/2016"/>	System User End Date:	<input type="text"/> (Login disabled as of this date)
System Password:*	<input type="text"/>	Confirm Password:*	<input type="text"/>
Authorization:*	<input type="text" value="Full Access"/>	Account Locked:	<input type="checkbox"/>
		Roles:*	<ul style="list-style-type: none">Local Org AdministratorLocal Org Inventory OnlyLocal Org StaffOrg View Only
		Selected Roles:	Local Org Staff
Create Certified Form 680:*	<input type="text" value="Yes"/>	Is authorized to <u>create</u> a Certified (e-signed) Form 680 in Florida SHOTS	
Create Form 681:*	<input type="text" value="Yes"/>	Is authorized to <u>create</u> an (e-signed) Form 681 in Florida SHOTS	

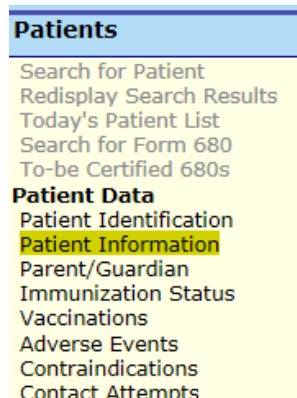
5. FUNCTIONS AVAILABLE ON THE REGISTRY'S MAIN MENU

Menu Options

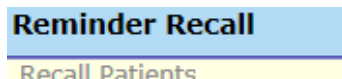
- **Submit: IMPORTANT**—This button results in data being permanently stored on the central server. This button becomes active (yellow) once changes are made to a record, and allows users to save the data at any point during the patient registration or update process, after all required information is entered.



- **Patients:** Search, complete, or update patient information (e.g., demographics, immunization, etc.), generate forms, reports, and release the patient record.



- **Reminder Recall:** Run reports and create labels for patients who are, or will be, due for immunizations within specified date ranges or for certain vaccinations.



- **System Transactions:** This function allows Local Organization Administrators and users with “View Transaction Stats” permissions to learn the high-level overview of activity that has been performed within their organization and to monitor user actions. These functions also show statistical information related to interactions between the HMS database system and Florida SHOTS.



5. FUNCTIONS AVAILABLE ON THE REGISTRY'S MAIN MENU (cont.)

- **Vaccine Inventory:** Run reports and view information regarding refrigerator/freezer temperatures, past, current and incoming inventory, as well as transfers and transactions.

Vaccine Inventory
Order
Temperature Logs
Order Requests
Flu Pre Booking
Receive
Pending Receipts
Receive Inventory
List Receipts
Adjust
Adjust Inventory
Report Returns/Waste
Shipping Labels
Transfer
Transfer Inventory
Transfer Form
Rescind Transfer
Archive
Archive Inventory
Unarchive Inventory
Transaction
Transaction History
Reports
Aging Vaccine

- **Assess Imm Levels:** Run reports used to evaluate immunization coverage levels for your organization.

Assess Imm Levels
Create Assessment File
Survey Report
Summary Report
AFIX Assessment Report
Patient List Report
Create CASA Extract File

- **Reports:** Create, view, print, and download various useful reports including vaccine utilization, physical inventory, and immunization statistics.

Reports
Vaccine Utilization
Physical Inv Report
Doses Administered
Vaccine Accountability
Vacc Demand Forecast
VFC Reenrollment
Relig Exemptions
Patient Status Report

5. FUNCTIONS AVAILABLE ON THE REGISTRY'S MAIN MENU (cont.)

- **Administration:** Manually update your password or security questions/answers, view organization details, and for users with administrative rights, add users within your facility, unlock passwords, manage user accounts, and update limited information about your organization.

Administration
Change Password
Security Question Edit
Organization Edit
Personnel List
Service Site List

- **Customer Support:** Access links to announcements, contacts, provider feedback, user guide, and Web-based training.

Customer Support
Announcements
Contacts
Provide Feedback
User Guide
Training

Note: Every screen has a “**Help Text**” toggle link. Click on it to “**Show**” or to “**Hide**” helpful information about how to complete that page.

6. ENTERING VACCINATIONS IN THE REGISTRY

Once a patient is in the registry, you are ready to add vaccinations to their record. Click the **“Vaccinations”** link in the left menu. Choose one of the two options to add shots: **“Add a Vaccination Record”** or **“Add Historical Vaccination Records.”**

Vaccine	Code	Date	Age	Count	Status	Provider	Notes
HIB	HIB (HBOC)	03/25/2003	4	1-5	17	POLK CHD	
HIB	HIB (UNK)	12/05/2001	1	0-2	2	POLK CHD	
HIB	HIB (UNK)	02/08/2002	2	0-4	4	POLK CHD	
HPV	HPV9	07/12/2016	1	14-9	177	POLK CHD WESTJ	
MEASLES	MEASLES	03/25/2003	1	1-5	17	POLK CHD	
MEASLES	MEASLES	04/23/2007	2	5-6	66	POLK CHD	
MUMPS	MUMPS	03/25/2003	1	1-5	17	POLK CHD	
MUMPS	MUMPS	04/23/2007	2	5-6	66	POLK CHD	
PNEUCON	PCV7	02/08/2002	1	0-4	4	POLK CHD	
PNEUCON	PCV7	03/25/2003	2	1-5	17	POLK CHD	
POLIO	IPV	12/05/2001	1	0-2	2	POLK CHD	
POLIO	IPV	02/08/2002	2	0-4	4	POLK CHD	
POLIO	IPV	03/26/2002	3	0-5	5	POLK CHD	
POLIO	IPV	04/23/2007	4	5-6	66	POLK CHD	
RUBELLA	RUBELLA	03/25/2003	1	1-5	17	POLK CHD	
RUBELLA	RUBELLA	04/23/2007	2	5-6	66	POLK CHD	
VZV	VZV	03/25/2003	1	1-5	17	POLK CHD	
VZV	VZV	04/23/2007	2	5-6	66	POLK CHD	

Option 1: “Add a Vaccination Record”

As of January 2016, all VFC providers are required to record all VFC-administered vaccines in Florida SHOTS. Filling in all of the information required on the **“Add a Vaccination Record”** screen meets VFC auditing requirements. Following this method to enter VFC information will allow you to track your shot records and manage your VFC inventory.

Select **“Add a Vaccination Record.”** The system will display the **“Add Vaccination Record”** screen that is equipped with pull-down lists that are kept up-to-date with new vaccines added at the central registry. To display the selections, simply click the down arrow next to each box.

6. ENTERING VACCINATIONS IN THE REGISTRY (cont.)

- **Vaccine Type:** Enter the type of vaccine the patient received.
- **Date Given:** Enter the date, or if vaccine was given today, enter “T” and the current date will automatically populate.
- **VIS Date:** Enter the date of the Vaccine Information Statement provided for this vaccination. Some combination vaccines may require multiple VIS publication dates for each statement needed. If a single VIS statement is developed where multiple statements are needed currently, for a limited time you may see a button labeled “Other VIS Options,” allowing you to use either the separate statements or the newer combined statement. To view current and historical VIS information, please click on the “CDC Vaccine Information Statements (VIS)” link found above “VIS Recipient,” or visit <http://www.cdc.gov/vaccines/hcp/vis/index.html>.
- **VIS Recipient:** Select the person receiving the VIS statements for this patient. Mother, father, guardian and patient names will be available when present in the patient record. “Other” may be selected and you may enter the name of the person receiving the form as well as that person’s relationship to the patient. If the relationship is mother, father, or guardian and the name entered is different than what is already on record, the user will be given the option to replace the current information with the new information. This information will be included on the Form DH687, Clinic Record Card along with whether this person also gave consent for treatment.
- **Consent for Treatment Given by VIS Recipient:** When VIS information is recorded, this field is enabled and required. Leave the default value at “Yes” if the person receiving the VIS gave consent for treatment. If the person giving consent is not the same as the person that received the statements, local policy on documentation of consent for treatment should be used. This information will be included on the Form DH687, Clinic Record Card along with the name of the VIS recipient.
- **Injection Site:** This field records the specific place on the body where an immunization is administered.
- **Injection Route:** This field records the method used to administer the immunization. When “Intranasal” or “Oral” is selected, an “Injection Site” is not required.
- **Provider Org. ID:** The name of the county health department administering the vaccination defaults to your CHD. If there is more than one location, you must choose your specific CHD from the “Imm Service Site” drop-down menu.
- **VFC Eligibility:** Specify the patient’s eligibility for receiving VFC vaccine as it applies to this vaccination. This field will not be displayed unless a VFC pin number and start date are recorded for your organization by Florida SHOTS staff.
- **Program Component:** Choose the program from either VFC, non-VFC, or Hepatitis Program on the drop-down menu.
- **Mfg/Lot:** Select the correct inventory to be adjusted.
- **Current inventory records:** Select the inventory from the box provided to be adjusted for the “Qty On Hand” to correspond with the vaccine given.

6. ENTERING VACCINATIONS IN THE REGISTRY (cont.)

- **Add another vaccination:** This box will automatically be checked to add another vaccination to the record. Deselect it if you have no other vaccines to add for the patient.

Injection Site: * Injection Route: *
 Provider Org ID: * Provider Person ID: *
 Imm Service Site: *
 VFC Eligibility: *
 Program Component: * Refugee Health Service
 Reduce inventory-on-hand count
 Mfg/Lot: *

Current inventory records for HPV9

Click a "Select" button to indicate the inventory record to be reduced.
Click a "Hide" button to remove its row from the display.

Service Site Program Component	Mfg/Lot# Expiration Date NDC	Qty On Hand		
POLK CHD - AUBURNDALE 01-VFC VACCINE	MSD 123456 01/01/2018 00006-4119-03	24	Select	Hide

Add another vaccination record after "Next" button is clicked
 * Asterisk indicates a required field

6. ENTERING VACCINATIONS IN THE REGISTRY (cont.)

Option 2: “Add Historical Vaccination Records”

(Recommended When Entering Historical Records for Patients Who Have Received Vaccines from Other Providers)

We recommend that you use the option “Add Historical Vaccination Records” when you are entering historical shots for patients who’ve received vaccinations from other providers and those shots aren’t yet in the registry. The “Historical Shots” screen lets you simultaneously enter several shots. Select a vaccine type, and then enter all the dates in which that vaccine type was given. Additionally, you can select a date and then all vaccines given on that date. (A capital “T” can be used to indicate today’s date.)

HISTORICAL SHOTS [Show Help Text](#)

Vaccine Type	Date Given1	Date Given2	Date Given3	Date Given4	Date Given5	
--Select--	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
--Select--	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
--Select--	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
--Select--	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
--Select--	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Date Given	Vaccine Type1	Vaccine Type2	Vaccine Type3	Vaccine Type4	Vaccine Type5	
<input type="text"/>	<input type="checkbox"/>	--Select--	--Select--	--Select--	--Select--	
<input type="text"/>	<input type="checkbox"/>	--Select--	--Select--	--Select--	--Select--	
<input type="text"/>	<input type="checkbox"/>	--Select--	--Select--	--Select--	--Select--	
<input type="text"/>	<input type="checkbox"/>	--Select--	--Select--	--Select--	--Select--	
<input type="text"/>	<input type="checkbox"/>	--Select--	--Select--	--Select--	--Select--	

If you click on the checkboxes next to “Date Given,” you indicate that the shot was provided by your organization. (Do not click the checkbox if your organization did not give this particular shot.) Once you’ve entered all historical shots for a patient, click “Next” and you will be returned to the “Vaccination List” screen where you must click “Submit” or “New Imm Status” to evaluate and save the vaccinations.

7. DH FORM 680

Printing DH Form 680s

Use the **“Form 680”** link located in the left menu to view and print the D.H. Form 680. Once this link is clicked, the Florida Certification of Immunization selection criteria screen appears. You have the option to print the form in several different formats, according to the intended use of the form and status of the patient.

FORM 680 Show Help Text

Create a current Form 680

Please Select the Type(s) of Florida Certificate of Immunization:

- Part A (K-12 Requirements, Excluding 7th Grade)
- Part A (7th Grade Requirements Only)
- Part-B (Temporary Medical Exemption) Expiration Date:
- Part-C (Permanent Medical Exemption)

IMM Service Site: *

Please choose the parent/guardian name to show on the form:

	Last Name	First Name
* <input type="text" value="Mother"/>	Parent/Guardian Name: * <input type="text" value="ADAM"/>	<input type="text" value="SARAH"/>

If creating a Certified (e-signed) Form 680:

Show all certifiers

Physician or Authorized Signature:

* Asterisk indicates a required field
Certified (e-signed) 680s
G78JLWL32B5 On 07/12/2016 by POLK CHD Part A(K-12)

Electronically Certifying a Form 680

You may also be able to create an electronically certified Form 680 if authorized by your local Florida SHOTS administrator. If authorized, select a name from the **“Physician or Authorized Signature”** drop-down list. The **“Create Current Form 680”** button will now appear as **“Create Certified (e-signed) Form 680.”** Click on it to proceed. Please note that the system will default to **“Create a parent access PIN to enable the parent to retrieve the Certified (e-signed) Form 680 from their own computer.”** If you do not wish to issue a PIN, please uncheck this box.

FORM 680 Show Help Text

Create a current Form 680

Please Select the Type(s) of Florida Certificate of Immunization:

- Part A (K-12 Requirements, Excluding 7th Grade)
- Part A (7th Grade Requirements Only)
- Part-B (Temporary Medical Exemption) Expiration Date:
- Part-C (Permanent Medical Exemption)

IMM Service Site: *

Please choose the parent/guardian name to show on the form:

	Last Name	First Name
* <input type="text" value="Mother"/>	Parent/Guardian Name: * <input type="text" value="ADAM"/>	<input type="text" value="SARAH"/>

If creating a Certified (e-signed) Form 680:

Show all certifiers

Physician or Authorized Signature:

Create a parent access PIN to enable the parent to retrieve the Certified (e-signed) Form 680 from their own computer

* Asterisk indicates a required field
Certified (e-signed) 680s
G78JLWL32B5 On 07/12/2016 by POLK CHD Part A(K-12)

7. DH FORM 680 (cont.)

The DH Form 680 will appear. To complete the certification, scroll to the bottom of the screen where you can choose one of two options:

- “Certify (e-sign) & Print”
- “Certify (e-sign) Only”

Certificate of Immunization for K-12
PART A DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)
DOE Code 8: Immunizations are complete for 7th grade
I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

Physician or Clinic Name: POLK CHD - AUBURDALE 1805 HOBBS RD AUBURDALE, FL 33823 (863) 965-5400	Physician or Authorized Signature: JEANNETTE WEST Electronic Certification: TBD Date: 07/18/2016
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DH 680 7/10


[Certify \(e-sign\) & Print](#) [Certify \(e-sign\) Only](#)

When one of the two buttons has been selected, the completed Form 680 will appear. The certified form will show the embedded authorized signature as well as a unique electronic certification number and the Florida SHOTS logo. A certified DH Form 680 is not valid without this special number and logo.

Certificate of Immunization for K-12
PART A DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)
DOE Code 8: Immunizations are complete for 7th grade
I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

Physician or Clinic Name: POLK CHD - AUBURDALE 1805 HOBBS RD AUBURDALE, FL 33823 (863) 965-5400	Physician or Authorized Signature: JEANNETTE WEST Electronic Certification: JML6L3QSNQM Date: 07/18/2016 Issued By: JEANNETTE WEST
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DH 680 7/10



[Show Parent Get DH 680 Instructions](#) [Download to Pdf File](#)

7. DH FORM 680 (cont.)

Setting Preferences to Produce Certified 680s

Your local account administrator must select **“Personnel List”** under **“Administration”** in the left menu.

On the **“Personnel Maintenance”** screen set up permissions for individuals whose names will be used to electronically sign the new DH Form 680s (**“Certify Form 680”**).

PERSONNEL MAINTENANCE Show Help Text

POLK CHD

Add Authorized User/Personnel Information
Florida SHOTS is a confidential system. Only the name of a person is to be entered.

Last Name:* SMITH First Name:* JASON Middle Name:
 Prefix: Title:

Email Address: National Provider ID:
 Specialty: --select-- Other (specify): Medicaid Number:

Medical License Data

Prefix: Number: Medical Assistant:

Florida SHOTS Applicant: Florida SHOTS Contact:

Start Date:* 07/19/2016 End Date:

Immunization Provider:* No Provider Person ID: (Displays as Provider ID for adverse events and shots given)

Certify Form 680:* Yes ← Medical professional is authorized to e-sign a Form 680

Sign Form 681:* Yes CHD Administrator is authorized to e-sign a Form 681

Work Location: -- Select -- Site where the staff member usually works

System User: (Check the box if the Staff member will be signing in to Florida SHOTS)

Set up permissions with the Florida SHOTS help desk for users who will need access to issue the certified forms (**“Create Certified Form 680”**).

Only for Staff who sign in to Florida SHOTS

System User ID: Password Expiration:

System User Start Date: System User End Date: (Login disabled as of this date)

System Password: Confirm Password: Account Locked:

Authorization: No Access Roles: Local Org Inventory Only, Local Org Staff, Org View Only, View Transaction Stats

Selected Roles:

Create Certified Form 680: No ← Is authorized to create a Certified (e-signed) Form 680 in Florida SHOTS

Create Form 681: No Is authorized to create an (e-signed) Form 681 in Florida SHOTS

User must change password at next logon Florida SHOTS training acknowledged

* Asterisk indicates a required field

Submit Return to Personnel Listing Service Site Responsibilities Cancel