

Florida SHOTS™

QUICK TIPS

FOR FULL-ACCESS ACCOUNTS

Contact Information

www.flshots.com

Free help desk:

877-888-SHOT (7468)

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



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1. LOGGING IN

Login Screen

- URL:
<https://www.flshots.com/flshots/signin.csp>
- For quick access, add this URL to your “Favorites”
- Passwords must be entered *exactly* as they were created.
- Below your login information, you will see the Florida SHOTS “**Current Announcements.**” It is important that you read these in order to stay current with all Florida SHOTS updates and system releases.



Florida SHOTS Login

Organization Login ID *

User Name *

Password *

Login

[Browser Requirements](#)

[Need Password Assistance?](#)

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). The OLI is not case sensitive.
 - **User Name:** The user name is a unique identifier that informs the system of the user’s identity within their organization. DOH assigns the Local Org Administrator’s user name, and then that administrator may add additional users. (Florida SHOTS will automatically create these user names, or the Local Org Administrator can create one.) The user name is not case sensitive.
 - **Password:** When your account is activated, DOH, or your Local Org Administrator, will provide you with a password to access the system.
- For security purposes, you will be required to change this password upon logging in for the first time.
 - Passwords are case-sensitive, at least seven characters long, and must be kept confidential. They should be changed once every 90 days.
 - If you are unable to log in after entering your password 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. However, if the local administrator is unavailable, or if the user 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. FORGOTTEN PASSWORD

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.

Submit **Security Question Edit**

User: KEENAN FARRAR

[Task List](#)

[Patients](#)

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Administration

- Change Password
- Security Question Edit**
- Organization Edit
- Personnel List
- Service Site List

[Customer Support](#)

[VFC Re-enroll](#)

[Meaningful Use](#)

[Sign out](#)

Username: FARRARKX

Current Password:*

Security question #1.*
What is your city of birth?
What is your favorite pet's name?
What is your mother's maiden name?
What was the last high school you attended?
What was the make of your first car?

Answer:* Show answer

Security question #2.*
What is your city of birth?
What is your favorite pet's name?
What is your mother's maiden name?
What was the last high school you attended?
What was the make of your first car?

Answer:* Show answer

* Asterisk indicates a required field

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

Florida SHOTS Login

Organization Login ID *

User Name *

Password *

[Browser Requirements](#) [Need Password Assistance?](#)

2. FORGOTTEN PASSWORD (cont.)

Security Prompts

You will be prompted to enter your Organization Login ID, User Name, and 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 Org Administrator, or the Florida SHOTS help desk, will need to unlock the account.



Florida Shots
keeping shots in check

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)

A user's password can be reset at any time by entering, and then confirming, a new password. Changing a password will automatically renew its expiration date for 90 more days. After any changes are made, the Local Org Administrator must click the **“Submit”** button to save the new information. The administrator can then verify that the changes have been made by checking the **“Personnel List”** page again.

If a password has been expired for more than 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 **“Display.”** Click on the

System User ID: * FARRARKX
System User Start Date: 04/29/2014
System Password: *
Authorization: * Full Access

Only for Staff who sign in to Florida SHOTS
Password Expiration: * 10/15/2017
System User End Date: (Login disabled as of this date)
Confirm Password: *
Roles: Local Org Administrator, Local Org Inventory Only, Local Org Staff, Org View Only
Selected Roles: Local Org Staff

Create Certified Form 680: * Yes Is authorized to create a Certified (e-signed) Form 680 in Florida SHOTS
 User must change password at next logon Florida SHOTS training acknowledged on 04/29/2014

* Asterisk indicates a required field
 [Return to Personnel Listing](#) [Service Site Responsibilities](#)

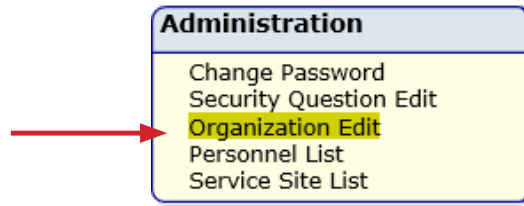
personnel record, delete the end date for the user you are reactivating, and assign a new password. Select the box at the bottom left of the screen, which states **“User must change password at next logon”**, so that the user will be able to select their own password when they next log in to Florida SHOTS.

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.

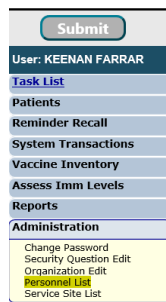
4. ADDING AND REMOVING PERSONNEL (ADMINISTRATIVE USERS ONLY)

Edit Contact Information

Local Org Administrators can edit contact information on the **“Enrolled Organization Maintenance”** page by choosing **“Organization Edit”** under **“Administration”** in the sidebar menu. If any other information is incorrect, please send an email to the Florida SHOTS help desk (flshots@flhealth.gov).



Adding New Users



Add New Person

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 they are adding. The Local Org Administrator must have the user’s start date prior to creating their profile in 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 "Personnel Maintenance" and "TAMPA FAMILY HEALTH CENTERS". It contains several sections: "Add Authorized User/Personnel Information" with fields for Last Name, Prefix, First Name, Title, Middle Name, Email Address, Specialty, National Provider ID, and Medical Number; "Medical License Data" with fields for Prefix, Number, and Medical Assistant checkbox; "Florida SHOTS Applicant" and "Florida SHOTS Contact" checkboxes; "Start Date" and "End Date" fields; "Immunization Provider" dropdown, "Certify Form 680" dropdown, and "Provider Person ID" field; "Work Location" dropdown; and a "System User" checkbox with a note: "(Check the box if the Staff member will be signing in to Florida SHOTS)".

4. ADDING AND REMOVING PERSONNEL (cont.)

Adding New Users cont.

Users who administer vaccines to patients should have a “Yes” in the **Immunization Provider** box. Users who do not provide immunizations should have a “No.” Any user who is, by Florida statutes, allowed to sign and certify the DH Form 680 should have a “Yes” in the **Certify Form 680** box with complete Medical License Data. Users who cannot sign Form 680s should have a “No” in that box. To determine who can certify the DH Form 680, please see the “DH680 FAQs” in the Training Guide section under “Provider Training” on flshotsusers.com. The **Provider Person ID** is generated by the system for immunization providers only. This unique ID can be changed by your Local Organization Administrator. The **System User** box should only be checked for users who 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 is a confidential system. Only the name of a person is to be entered.

Last Name: SMITH Prefix: -- select -- First Name: SUE Middle Name:
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: 07/20/2017 End Date:
Immunization Provider: Yes Provider Person ID: SMITHS (Displays as Provider ID for adverse events and shots given)
Certify Form 680: No Medical professional is authorized to e-sign a Form 680
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)

System User ID: SMITHSX Password Expiration: 10/18/2017
System User Start Date: 07/20/2017 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
Schedule Override
Selected Roles:
Create Certified Form 680: No Is authorized to create a Certified (e-signed) Form 680 in Florida SHOTS
 User must change password at next logon Florida SHOTS training acknowledged

* Asterisk indicates a required field

Submit Return to Personnel Listing Cancel

4. ADDING AND REMOVING PERSONNEL (cont.)

Adding New Users cont.

Users requiring access to Florida SHOTS must have certain 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 or the Florida SHOTS help desk, and 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 Florida SHOTS. **Roles** will be determined by the Local Org Administrator, but the majority of users are set as “Local Org Staff.” Users who are authorized to create (Note: This is different from “Certify.”) a certified Form 680 must have “Yes” selected in the box for **Create Certified Form 680**. If user is not authorized to “create” the DH Form 680, leave this box set to “No”.

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 next to Florida SHOTS training acknowledged within the personnel record.

The screenshot shows a web form for adding a new user. The form is divided into several sections:

- System User ID:** * SMITHSX
- System User Start Date:** 07/20/2017
- System Password:** * [masked]
- Authorization:** * Full Access
- Only for Staff who sign in to Florida SHOTS:**
 - Password Expiration:** * 10/18/2017
 - System User End Date:** [blank] (Login disabled as of this date)
 - Confirm Password:** * [masked]
 - Roles:** * Local Org Inventory Only, Local Org Staff (selected), Org View Only, Schedule Override
 - Selected Roles:** Local Org Staff
- Create Certified Form 680:** * Yes (selected) Is authorized to create a Certified (e-signed) Form 680 in Florida SHOTS
- Form 680:** *
 - User must change password at next logon
 - Florida SHOTS training acknowledged

Account Locked:

* Asterisk indicates a required field

Submit [Return to Personnel Listing](#)

5. FUNCTIONS AVAILABLE ON THE REGISTRY'S MAIN MENU

Use the menu on the left side of the screen to perform various functions including accessing patient records, reminder recall, data transactions, inventory, running multiple reports, administration of your account, and customer support.

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 data after all required information is entered during the patient registration or update process.
- **Task List:** Information needing your attention in regards to your organization will be posted here. You will be notified upon logging in to Florida SHOTS if there are items in your task list.
- **Patients:** Search, complete, or update patient information (e.g., demographics, immunization, etc.), generate forms, and reports. When you are finished, always remember to 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.
- **System Transactions:** Upload log reports for your organization and view transaction statistics to ensure data quality.
- **Vaccine Inventory:** VFC providers may view temperature logs, order vaccine through VFC, and make changes to inventory.
- **Assess Imm Levels:** Run reports used to evaluate immunization coverage levels for your organization.
- **Reports:** Create, view, print, and download various useful reports including Vaccine Utilization, Physical Inventory, and Immunization Statistics.
- **Administration:** Manually update your password or security questions/answers, and view organization details. For those users with administrative rights, you can add users within your facility, unlock passwords, manage user accounts, and update certain information about your organization.
- **Customer Support:** Find links to announcements, contacts, provide feedback, view the user guide, and access multiple training options.

Note: Every screen has a “Help Text” icon. Click on it to show or to hide helpful information about that page. For more information, click on the help text icon “?” at the top of the screen. You can click on it again to hide the text.

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 on the left side menu. Choose one of these two options to add shots: **“Add a Vaccination Record”** or **“Add Historical Vaccination Records.”**

Submit

Vaccination List

User: KEENAN FARRAR

Sort by: Series Vaccine Date Given

Vaccine Series	Vaccine Type	Date Given	Dose/Interval	Age Yr Mo/ in Days	Total Mos/ Adv Event?	Provider/Person	Source	Delete?
Other	FLU-MIST	10/13/2010		2-1	25		HILLSBOROUGH CHD	<input type="checkbox"/>
Other	FLU-MIST	09/07/2016		7-11	95	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
DTAP	PEDIARIX	01/13/2009	1	0-4	4	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
			0	123	N			
DTAP	PEDIARIX	03/15/2009	2	0-6	6	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
			61	184	N			
DTAP	PEDIARIX	11/15/2009	3	1-2	14	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
			245	429	N			
DTAP	TDAP	06/24/2016	4	7-9	93	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
			2413	2842	N	JACKSONS		
HEP B	PEDIARIX	01/13/2009	1	0-4	4	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
			0	123	N			
HEP B	PEDIARIX	03/15/2009	2	0-6	6	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
			61	184	N			
HEP B	PEDIARIX	11/15/2009	3	1-2	14	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
			245	429	N			
HIB	HIB PRPOMP	11/13/2008	1	0-2	2		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
			0	62	N			
HIB	HIB PRPOMP	01/13/2009	2	0-4	4		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
			61	123	N			
MEASLES	MMR	09/12/2009	1	1-0	12		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
			0	365	N			
MEASLES	MMR	09/12/2010	2	2-0	24		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
			365	730	N			
MUMPS	MMR	09/12/2009	1	1-0	12		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>

Option 1: “Add a Vaccination Record”

(Required for VFC Participants)

All VFC administered vaccines must be entered into Florida SHOTS. To meet VFC requirements, fill in all of the required information (highlighted in blue) on the **“Add a Vaccination Record”** page. 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”** page, equipped with pull-down lists that include all required vaccine information. To display the selections, simply click the down arrow next to each box.

Add Vaccination Record

Vaccine Type: **TDAP** Vaccine Type Information

Injection Site: **---** Select ---

Provider Org ID: **BEACH PEDIATRICS**

Imm Service Site: **BEACH PEDS**

Funding Program: **---** Select ---

Date Given: * **---** Select ---

Injection Route: **---** Select ---

Provider Person ID: * **---** Select ---

Vaccine Information Statements

CDC Vaccine Information Statements (VIS)

VIS Recipient: * **---** Select ---

Type: **---** Select ---

VIS Date: **---** Select ---

* **---** Select --- Other VIS Options

Consent for treatment given by VIS recipient

Manufacturer: **---** Select ---

Lot Number: **---** Select ---

Include inactive

Expiration Date: **---** Select ---

Special Conditions: 0

Select the item(s), if any, that are applicable to this vaccination.

--- Select ---

Hurricane Maria Evacuee

Add another vaccination record after “Next” button is clicked

* Asterisk indicates a required field

Next Return to Vaccination List Cancel

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. If a single VIS statement exists for combination vaccines, you will see a button labeled “Other VIS Options,” which allows you to use either the separate statements or the combined statement. To view current and historical VIS information, 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 they are already in the patient record. If “Other” is selected, you will 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. This information will be included on the Form DH687, Clinic Record Card, along with whether or not 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 receiving 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 organization administering the vaccination defaults to your practice. (If you are entering historical shots not administered at your practice, you must select “Other” from the drop-down menu.)
- **Provider Person ID:** This is a required field identifying the immunization provider who administered the vaccination at that facility.
- **Imm Service Site:** If your organization has multiple service sites, you may indicate which site administered the vaccination. If the vaccination being recorded is the most recent, and the service site selected differs from the service site on the “Patient Information” page, users will be asked whether or not to update the patient’s service site.

6. ENTERING VACCINATIONS IN THE REGISTRY (cont.)

- **Funding Program:** If your organization, or any of its sites, participates in one of the VFC ordering efforts, you will see the **“Funding Program”** menu. If you are administering vaccine from one of the listed Funding Programs, select that effort from the drop down menu. If you are using privately purchased vaccine, leave this box marked as **“Select”** and continue with recording your vaccine.
- **VFC Eligibility:** This field will only be visible if a VFC PIN and start date are recorded for your organization by Florida SHOTS and a VFC ordering effort is selected from the **“Funding Program”** menu. Specify the patient’s eligibility for receiving VFC vaccine as it applies to this vaccination.
- **Manufacturer, Lot Number & Expiration Date:** These are required when the vaccination is VFC eligible and the date given is within the last 30 days; otherwise, these fields are optional. If manufacturer is selected, lot number is required. The expiration date can only be entered once a manufacturer is selected.

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 shots for patients who’ve received vaccinations from other providers and those shots are not in the registry. The **“Historical Shots”** screen lets you simultaneously enter several shots. Select a vaccine type, and then enter the dates in which that vaccine type was given. Additionally, you can select a date and then input all vaccines given on that date.

Historical Shots					
by Vaccine Type	Date Given 1	Date Given 2	Date Given 3	Date Given 4	Date Given 5
-Select-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-Select-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Select-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-Select-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Select-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-Select-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Select-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
-Select-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
by Date Given					
<input type="checkbox"/>	Vaccine Type 1	Vaccine Type 2	Vaccine Type 3	Vaccine Type 4	Vaccine Type 5
<input type="checkbox"/>	-Select-	-Select-	-Select-	-Select-	-Select-
<input type="checkbox"/>	-Select-	-Select-	-Select-	-Select-	-Select-
<input type="checkbox"/>	-Select-	-Select-	-Select-	-Select-	-Select-
<input type="checkbox"/>	-Select-	-Select-	-Select-	-Select-	-Select-
<input type="checkbox"/>	-Select-	-Select-	-Select-	-Select-	-Select-
<input type="checkbox"/>	-Select-	-Select-	-Select-	-Select-	-Select-
<input type="checkbox"/>	-Select-	-Select-	-Select-	-Select-	-Select-
Vaccine Type Information					
Next					
Cancel					

By clicking on the checkboxes next to the **“Date Given”** fields, you are indicating 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, or all fields have been filled on the page, 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.

If your organization is not listed as the patient’s Current Immunization Provider (CIP), while the record is being saved, you will be asked if your organization should become the CIP. If your practice is, in fact, taking over as the immunization provider for this patient, click **“OK”**. If you do not wish to be the CIP, click **“Cancel”**.

7. DH FORM 680

Printing 680s

Use the **“Form 680”** option located in the menu on the left to view and print the D.H. Form 680. Once this link is clicked, the Florida Certification of Immunization selection criteria screen appears. You must first choose the **“Type(s)”** of Form 680 to generate based on the patient’s immunizations and the requirements. Next, select your location from the dropdown menu for IMM Service Site, along with the parent or guardian’s name that will appear on the Form 680.

You have the option to print the Florida Certificate of Immunization, DH Form 680. Once this link is clicked, the Form 680 selection criteria appears.

Electronically Certifying a Form 680

You may also create an electronically certified DH Form 680, if authorized by your Local Org Administrator. If you have this permission, select the appropriate 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 PIN”** to allow parents to access the Certified 680 from a personal computer. If you do not wish to issue a PIN, please uncheck the box. You may also choose to do this at a later time for the patient/parent by selecting **“Create PIN”** from the menu.


The DH Form 680 will appear. To complete the certification, scroll to the bottom of the screen where you can choose to certify and print the form, or certify the form only:

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

7. DH FORM 680 (cont.)


When one of the two buttons has been selected, the completed DH 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. The DH Form 680 is not certified by Florida SHOTS without this special logo and number.

The organization's information will also be shown, as well as the name of the user who issued (created) the DH Form 680.



Certificate of Immunization for K-12
PART A. DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)
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:	Physician or
TAMPA FAM NEBRASKA	Authorized Signature: PATRICIA JONES
8108 N NEBRASKA AVE.	Electronic Certification: HTTBQ7RTDS9
TAMPA, FL 33604	Date: 07/20/2017
(813) 866-0950 x327	Issued By: KEENAN FARRAR

DH 680 7/10 

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