

Creating A DH Form 680 And Parent Pin

SEPTEMBER 16, 2022



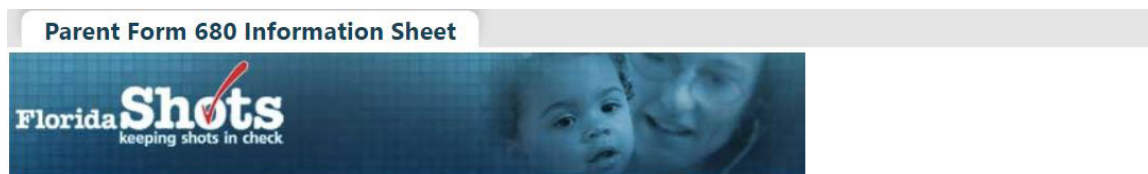
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1. OVERVIEW

Florida SHOTS allows healthcare providers to create a PIN that will be attached to a Certified (electronically signed) Certificate of Immunization (DH Form 680) and will allow parents and guardians to access the certified 680. The form is legal and valid in the state of Florida for admittance to schools and daycare facilities and may be printed on standard white paper.

Parents accessing the Certified Form 680 will be required to enter the Certification PIN and State IMM Id found on the information sheet their healthcare provider will give them. A PDF version of the form allows it to be printed or saved. Healthcare providers will have the options to create a PIN before creating a Certified (e-signed) Form 680; create both the PIN and the Certified 680 at the same time; or not create a PIN at all for a Certified 680.



CONFIDENTIAL GET DH 680 FORM INFORMATION

Parent/Guardian Name: SALLY SMITH
 Child's Name (F M L): JOHN T SMITH

The following health care provider:
 TAMPA FAMILY HEALTH CENTERS
 CHARLES BOTTOM HC
 5611 SHELDON ROAD
 TAMPA, FL 33615
 (813) 555-4355

has agreed to issue a certified electronically signed DH 680 for your child. Your child's form may be certified at any time during the next 10 days from today.

Note:

Please do not use a computer in a public location that gives general shared computer access to others. Doing so may allow others to see your private information.

Follow these steps to get your DH 680 form that you must have for your child to attend child care centers or schools in Florida:

- Step 1:** Ask your doctor for the date the form will be certified.
- Step 2:** On the date your doctor tells you the form will be ready, go to the Florida SHOTS Website at www.flshotsusers.com.
- Step 3:** Click on the Get DH 680 Button.
- Step 4:** Follow the guide on the page to be sure you can see your child's form on your computer screen.
- Step 5:** Enter the information below EXACTLY as you see it.
- Step 6:** When you see the form on your computer screen, you may print it. The form may be printed on white paper.
- Step 7:** You may use this form to give to your child's school or child care center for proof of vaccination needed to attend.

INFORMATION TO ENTER:

State IMM Id: 7001916767
 Certification PIN: LHHKK75MJ

2. CREATING A CERTIFIED (E-SIGNED) FORM 680 AND PIN

Creating a certified 680 and a PIN at the same time is quick and easy. Simply follow the steps detailed below:

- **Search and open** the patient's record in Florida SHOTS.
- **Click** on **"Form 680"** under the Form 680 header on the menu bar.
- The **Form 680** page will open. Select the appropriate type of form:
 - **Part A (K-6th Grade, DOE Code 1)** – For children entering kindergarten through 6th grade.
 - **Part A (7-12th Grade, DOE Code 8)** – For children entering 7th through 12th grade.
 - **Part B (Temporary Medical Exemption)** – For children who are up-to-date but still require immunizations for attending school or daycare. This needs an expiration date.
 - **Part C (Permanent Medical Exemption)** – For children who are up-to-date but have a permanent medical reason for not receiving a specific vaccine. An observation needs to be documented in the patient's record for the vaccine(s) issuing the Part C for. Refer to the **"Adding Observations"** guide on the flshotsusers.com website.

NOTE: **Part C** may be issued in conjunction with a **Part A or Part B**. Both **Part A & C**, or **B and C** would be selected if you have a patient with a permanent medical exemption. Rarely, children may have a permanent medical exception to all vaccines and, in this case only a **Part C** is issued.

Submit Form 680

User: FATIMA AVILES Create a current Form 680

Task List

Patients

Search for Patient
Redisplay Search Results
Today's Patient List
Search for Form 680
To-be Certified 680s
Release Patient Record
Discard Updates

Patient Data
Patient Identification
Patient Information
Parent/Guardian
Immunization Status
Vaccinations
Adverse Events
Observations
Contact Attempts
Exclude From Recall
New Imm Status
Merge History

Form 680
Form 680
Create Pin
Forms
Form 687
Form 1478 (opt-out)

Reports
Immunization History

Tools
Clear Patient Token

Religious Exemption
Religious Exemption

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

Part A (K-6th Grade, DOE Code 1)

Part A (7-12th Grade, DOE Code 8)

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:

* Parent/Guardian Name: *

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

Show all certifiers

Physician or Authorized Signature:

Create Current Form 680

* Asterisk indicates a required field

Certified (e-signed) 680s

F4LBKS54P4N On 04/29/2020 by BEACH PEDIATRICS Part A(7-12th) View Decertify

Show historical Certified (e-signed) 680s

- **IMM Service Site** – This selection only appears if your organization has more than one service site. Select the correct site from the drop box.
- **Parent/Guardian Name** – Choose which name should appear on the Form 680 (mother, father, or guardian).
- **Physician or Authorized Signature** – Choose which immunization provider at your organization will be e-signing the Form 680.

NOTE: To Certify (e-sign) a Form 680 a provider **must** be selected.

- **Create a parent access PIN to enable the parent to retrieve the Certified (e-signed) Form 680 from their own computer** – This box will automatically be checked if you choose to certify the Form 680.

NOTE: If a healthcare provider wishes to create a Certified Form 680, but does **not** want to issue a PIN to the parent/guardian, **uncheck** the box. The parent will not be able to get the Form 680 from outside of the office, and the healthcare provider will have to print it in the office.

To finish creating both the Certified Form 680 and the parent PIN, click the **Create Current Form 680** button.

The completed **Form 680** will appear. Scroll to the bottom of the screen to choose to either **Certify (e-sign) & Print** or **Certify (e-sign) Only** by clicking on the appropriate button.

Once the provider has selected to either certify or certify and print, two new options will appear at the bottom of the screen:

Certificate of Immunization for K-12
 PART A 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:
 CHARLES BOTTOM HC
 5611 SHELDON ROAD
 TAMPA, FL 33615
 (813) 555-4355

Physician or Authorized Signature: MELISSA MOYERS
 Electronic Certification: TBD
 Date: 02/26/2018

DH 680 7/10
 Certify (e-sign) & Print Certify (e-sign) Only

Once the provider has selected to either certify or certify and print, 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. Two new options will appear at the bottom of the screen:

- **Show Parent Get DH 680 Instructions** – This button will open the parent information sheet which should be printed and handed to the parent/guardian. To print, scroll to the bottom of the screen and click the **“Print Parent Get DH 680 Instructions”** button.
- **Download to Pdf File** – This button will create a PDF version of the Certified Form 680 which can be printed directly onto white paper, as the Department of Health watermark is visible on the PDF document, making it a legal and valid form.

Certificate of Immunization for K-12
 PART A. 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.

| | |
|--|--|
| <p>Physician or Clinic Name: CHARLES BOTTOM HC 5611 SHELDON ROAD TAMPA, FL 33615 (813) 555-4355</p> | <p>Physician or Authorized Signature: MELISSA MOYERS Electronic Certification: 75NSHF7JQD4 Date: 02/26/2018 Issued By: KEENAN FARRAR</p> |
|--|--|

DH 680 7/10

Parent Form 680 Information Sheet



CONFIDENTIAL GET DH 680 FORM INFORMATION

Parent/Guardian Name: SALLY SMITH
 Child's Name (F M L): JOHN T SMITH

The following health care provider:
 TAMPA FAMILY HEALTH CENTERS
 CHARLES BOTTOM HC
 5611 SHELDON ROAD
 TAMPA, FL 33615
 (813) 555-4355

has agreed to issue a certified electronically signed DH 680 for your child. Your child's form may be certified at any time during the next 10 days from today.

Note:
 Please do not use a computer in a public location that gives general shared computer access to others. Doing so may allow others to see your private information.

Follow these steps to get your DH 680 form that you must have for your child to attend child care centers or schools in Florida:

- Step 1:** Ask your doctor for the date the form will be certified.
- Step 2:** On the date your doctor tells you the form will be ready, go to the Florida SHOTS Website at www.flshotsusers.com.
- Step 3:** Click on the Get DH 680 Button.
- Step 4:** Follow the guide on the page to be sure you can see your child's form on your computer screen.
- Step 5:** Enter the information below EXACTLY as you see it.
- Step 6:** When you see the form on your computer screen, you may print it. The form may be printed on white paper.
- Step 7:** You may use this form to give to your child's school or child care center for proof of vaccination needed to attend.

INFORMATION TO ENTER:

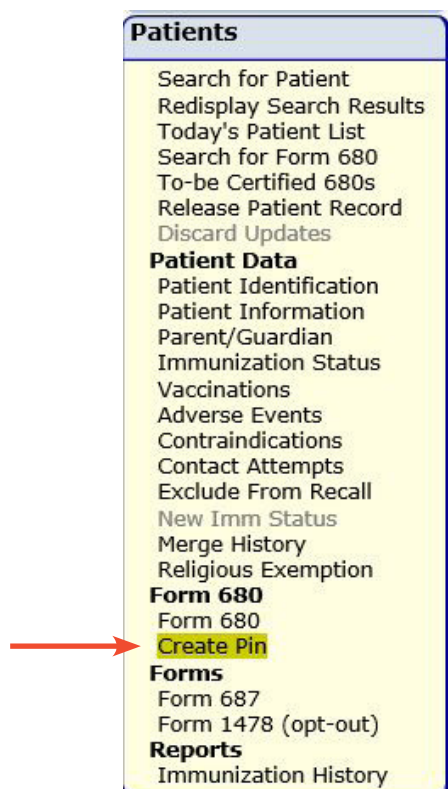
State IMM Id: 7001916767
 Certification PIN: LHHKK75MJ

If the parent should lose the Information Sheet you may print out another copy by opening the patient's record in Florida SHOTS, navigating to the Form 680 page, and clicking **"View"** on any previously Certified 680 where a Parent PIN was attached. At the bottom of the 680 the options to show (and then print) the parent information sheet and download the 680 in PDF format will be displayed as they were when the 680 was initially certified.

3. CREATING A PIN ONLY

You may choose to create the PIN while the parent is in the office so the instruction sheet may be handed to them, but may not have time to update and create the Form 680 at the time of the visit. Follow the steps listed below to create a PIN:

- **Search and open** the patient's record in Florida SHOTS.
- On the menu bar select **“Create Pin”** located under the **Form 680** header.



The **“CREATE FORM 680 CERTIFICATION PIN”** page will open. The following information is found on this page:

- **Patient Name** – The patient name will automatically appear.
- **Parent/Guardian Name** – The parent or guardian on record will appear. If no parent/guardian name exists in the child's record the following notice will appear and prompt a parent or guardian name to be added:

Create Form 680 Certification PIN

Notice

Before a Form 680 Certification Pin can be created, a parent or guardian name must be added to the patient record.

1. Go to the ['Parent/Guardian Information' page](#) (or click on the Parent/Guardian menu link).
2. Enter the Mother, Father, and/or Guardian name of the patient.
3. Click the 'Next' button.
4. Click the 'Submit' button to update the patient record.
5. Return to the 'Create Form 680 Certification Pin' page by clicking on the 'Create Pin' menu item.

- **Certification Pin** – This will not appear until you have created the PIN.
- **Created** – This date will be the date the PIN is created.
- **Will be deleted on** – When creating a PIN before you have created a Certified Form 680, you will have 10 days to create and certify the form. If you do not create a Certified 680 the PIN will be deleted on the date shown here.
- **Site** – If your organization has more than one service site, you must select the patient’s primary service location from the drop box.

To create the PIN, click the **“Create Certification Pin”** button.

The top half of the page will now be completely filled in. The provider will have the following three options:

Create Form 680 Certification PIN

| | |
|------------------------------------|--|
| Patient Name (F M L): | JOHN T SMITH |
| Parent/Guardian Name (F L): | SALLY SMITH |
| Certification Pin: | 67F6PW6FG |
| Created: | 02/26/2018 08:15 |
| Will be deleted on: | 03/08/2018 if not used on a Certified (e-signed) Form 680 |
| Site: * | CHARLES BOTTOM HC ▼ |

Change site
Delete Certification Pin
Print Parent Get DH 680 Instructions

* Asterisk indicates a required field

- **Change site** – This button will only be active if you choose a different site from the drop box. Once you have selected the site you wish to replace the previously recorded site with, click this button to save the new site.
- **Delete Certification Pin** – This button will delete the PIN that has been created.
- **Print Parent Get DH 680 Instructions** – This button will print the instructions including the two pieces of information a parent will need to have (**“State IMM Id”** and **“Certification PIN”**) in order to retrieve and print (or save) their child’s Form 680 from home. Print this page and hand it to the parent.


The information sheet may be printed again from the **“Create Pin”** page until it has been attached to a certified 680. (See note below.)

Create Form 680 Certification PIN

| | |
|------------------------------------|---|
| Patient Name (F M L): | JOHN T SMITH |
| Parent/Guardian Name (F L): | SALLY SMITH |
| Certification Pin: | 67F6PW6FG |
| Created: | 02/26/2018 08:15 |
| Will be deleted on: | 03/08/2018 if not used on a Certified (e-signed) Form 680 |
| Site: * | CHARLES BOTTOM HC |

Change site
Delete Certification Pin
Print Parent Get DH 680 Instructions

* Asterisk indicates a required field



CONFIDENTIAL GET DH 680 FORM INFORMATION

Parent/Guardian Name: SALLY SMITH
Child's Name (F M L): JOHN T SMITH

The following health care provider:
TAMPA FAMILY HEALTH CENTERS
CHARLES BOTTOM HC
5611 SHELDON ROAD
TAMPA, FL 33615
(813) 397-5320

has agreed to issue a certified electronically signed DH 680 for your child. Your child's form may be certified at any time during the next 10 days from today.

Note:
Please do not use a computer in a public location that gives general shared computer access to others. Doing so may allow others to see your private information.

You must login to Florida SHOTS and create a Certified (e-signed) Form 680 within 10 days of creating the PIN to keep the PIN from being deleted.

4. TO-BE CERTIFIED LIST

When a user who has the ability to create certified Form 680s logs into Florida SHOTS they will be directed to the **“To-Be Certified List”** page if there are any patients who have PINs assigned, but have not yet had a Certified 680 created. The user may choose to delete the PIN by clicking on the **Delete** button or they may open the patient record and certify the Form 680 by clicking on the patient’s name.

The screenshot displays the Florida SHOTS interface. At the top, the logo reads "Florida Shots keeping shots in check". Below the logo is a "Submit" button and a "Training Environment" indicator. The main content area is titled "To-Be Certified Form 680s List" and contains a table with the following data:

| Created | Deletion Date | Service Site | Patient Name (L, F, M) | Certification Pin | Delete |
|------------------|---------------|-------------------|------------------------|-------------------|--------|
| 02/26/2018 08:15 | 03/08/2018 | CHARLES BOTTOM HC | SMITH, JOHN T | 67F8PW8F G | Delete |

On the left side, there is a navigation menu under the "Patients" header. A red arrow points to the "To-Be Certified 680s" link in this menu. Other menu items include "Search for Patient", "Redisplay Search Results", "Today's Patient List", "Search for Form 680", "Release Patient Record", "Recall Updates", "Patient Data", "Patient Identification", "Patient Information", "Parent/Guardian", "Immunization Status", "Vaccinations", "Adverse Events", "Contraindications", "Carrier Attempts", "Exclude from Recall", "New Imm Status", "Merge History", "Religious Exemption", "Form 680", "Form 680", "Create Pin", "Forms", "Form 687", "Form 1478 (opt-out)", "Reports", "Immunization History", "Reminder Recall", and "System Transactions".

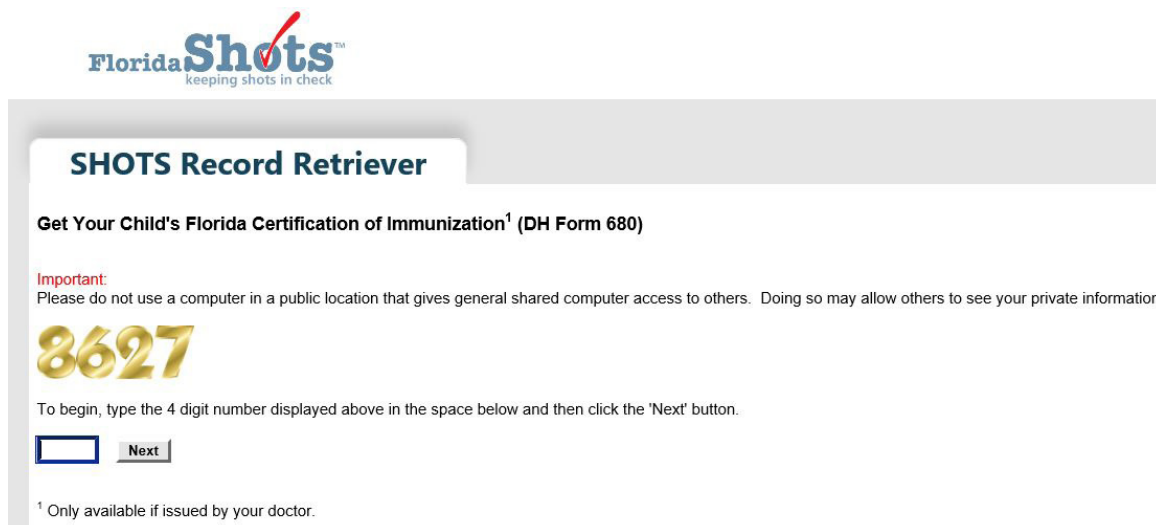
Once the user has navigated away from this screen they can return at any time to view their list of patients in need of a Certified 680 by clicking on the **“To-be Certified 680s”** link located under the **Patients** header on the menu bar.

5. HOW PARENTS/GUARDIANS WILL GET THE CERTIFIED FORM 680

Parents or guardians may get and print the Certified Form 680s by visiting the Florida SHOTS website at www.flshots.com. On the website homepage the parent will need to follow the instructions below to get their child's Certified 680.

- Click on the “**Parents & Schools**” tab.
- Click on “**Get Started**” button.
- Click on “**Retrieve Your Child's DH Form 680**” button
- Enter the State IMM Id exactly as it is printed on the “**Get DH 680 Form Information**” sheet.
- Enter the Certification PIN exactly as it is printed on the “**Get DH 680 Form Information**” sheet.
- Click on the **Retrieve Form** button.

Upon clicking on “**Retrieve Your Child's DH Form 680**” button, parents and guardians will be taken to the SHOTS Records Retrieval page and must enter the code displayed.



FloridaShots™
keeping shots in check

SHOTS Record Retriever

Get Your Child's Florida Certification of Immunization¹ (DH Form 680)

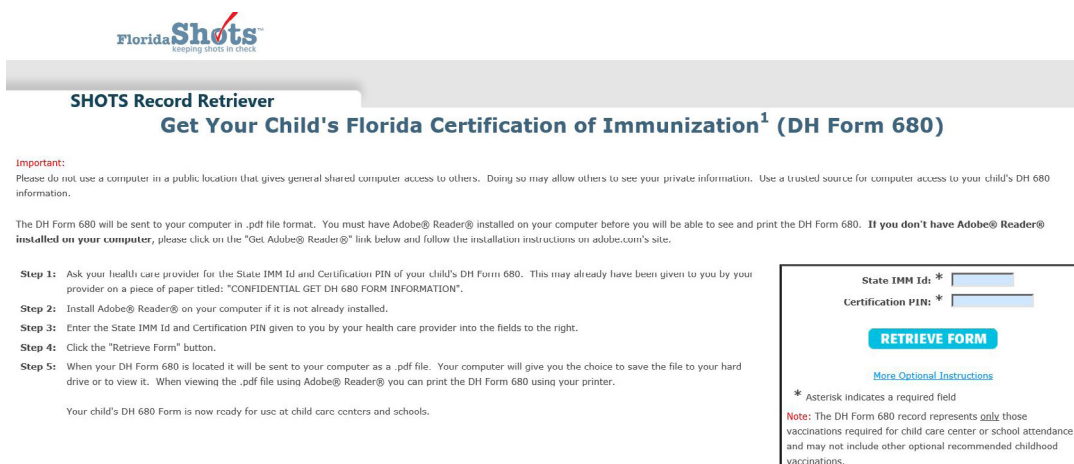
Important:
Please do not use a computer in a public location that gives general shared computer access to others. Doing so may allow others to see your private information.

8627

To begin, type the 4 digit number displayed above in the space below and then click the 'Next' button.

¹ Only available if issued by your doctor.

Parents will need Adobe Reader installed on their computer to be able to open the PDF version of the Certified 680. If the parent does not have Adobe Reader installed they may follow the instructions on the page and use the provided link before trying to get the form.



FloridaShots™
keeping shots in check

SHOTS Record Retriever

Get Your Child's Florida Certification of Immunization¹ (DH Form 680)

Important:
Please do not use a computer in a public location that gives general shared computer access to others. Doing so may allow others to see your private information. Use a trusted source for computer access to your child's DH 680 information.

The DH Form 680 will be sent to your computer in .pdf file format. You must have Adobe® Reader® installed on your computer before you will be able to see and print the DH Form 680. **If you don't have Adobe® Reader® installed on your computer**, please click on the "Get Adobe® Reader®" link below and follow the installation instructions on adobe.com's site.

Step 1: Ask your health care provider for the State IMM Id and Certification PIN of your child's DH Form 680. This may already have been given to you by your provider on a piece of paper titled: "CONFIDENTIAL GET DH 680 FORM INFORMATION".

Step 2: Install Adobe® Reader® on your computer if it is not already installed.

Step 3: Enter the State IMM Id and Certification PIN given to you by your health care provider into the fields to the right.

Step 4: Click the "Retrieve Form" button.

Step 5: When your DH Form 680 is located it will be sent to your computer as a .pdf file. Your computer will give you the choice to save the file to your hard drive or to view it. When viewing the .pdf file using Adobe® Reader® you can print the DH Form 680 using your printer.

Your child's DH 680 Form is now ready for use at child care centers and schools.

State IMM Id: *

Certification PIN: *

[More Optional Instructions](#)

* Asterisk indicates a required field

Note: The DH Form 680 record represents only those vaccinations required for child care center or school attendance and may not include other optional recommended childhood vaccinations.

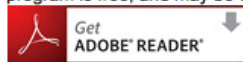


What are .pdf files?

A file extension of ".pdf" indicates that the file is in Portable Document Format. This format, developed by Adobe Systems, Inc., is commonly used to make documents and maps available online because it allows for the original document formatting to be maintained for both viewing and printing.

How to view .pdf files?

Viewing or downloading .pdf files requires that the Adobe® Reader® program is installed on your computer. The Adobe® Reader® program is free, and may be downloaded by going to the following site: <http://get.adobe.com:80/reader/>



¹ Only available if issued by your doctor.



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Links below open in new window
 Copyright © 2010 Florida Department of Health. All Rights Reserved.
[Privacy Notice](#) | [Disclaimer](#) | [Accessibility Information](#) | [Email Advisory](#)
 Contact Webmaster: flshots@doh.state.fl.us
ImmunizeFlorida.org | [My Florida](#)



If parents encounter any errors, the error message(s) will be displayed between the **Certification PIN** field and the **Retrieve Form** button.

State IMM Id: *

Certification PIN: *

Error(s):

The DH 680 Form could not be found for the information entered.

RETRIEVE FORM

[More Optional Instructions](#)

* Asterisk indicates a required field

Note: The DH Form 680 record represents only those vaccinations required for child care center or school attendance and may not include other optional recommended childhood vaccinations.

For a detailed explanation of any error encountered, parents may click the **“More Optional Instructions”** link to display a page explaining all error messages.

| SHOTS Record Retriever | |
|---|---|
| Get DH Form 680 - Instructions | |
| What you may see on your screen and what it means: | |
| Enter 10 numbers. | The State IMM Id number was entered incorrectly. Carefully enter the number exactly as given to you by your health care provider. |
| Only numbers are allowed. Do not use letters. | The State IMM Id number was entered incorrectly. Carefully enter the number exactly as given to you by your health care provider. |
| Only letters and numbers are allowed. A combination of exactly nine letters and numbers must be entered. | The Certification PIN was entered incorrectly. Carefully enter the Certification PIN exactly as given to you by your health care provider. The Certification PIN is a combination of letters and numbers. |
| The State IMM Id and/or the Certification PIN are invalid. | The State IMM Id or Certification PIN was entered incorrectly. Carefully enter the information exactly as it was given to you by your health care provider. The State IMM Id has only numbers and Certification PIN is both letters and numbers. |
| The DH 680 Form has not yet been created by your health care provider. | Your DH 680 Form is not ready yet. If more than a day has gone by since you were told that you could get your form, please call your health care provider. |
| The DH 680 Form could not be found for the information entered. | The State IMM Id or Certification PIN was entered incorrectly. Carefully enter the information exactly as it was given to you by your health care provider. The State IMM Id contains only numbers and the Certification PIN is both letters and numbers. |
| The DH 680 Form has been de-certified | Your health care provider has marked your DH 680 Form as incorrect and it is no longer available to you. Please contact your provider to find out what you need to do to get a new DH 680 Form |
| The DH 680 Form cannot be provided because its Temporary Medical Exemption expired on ----- | The DH 680 Form was given to you as a Temporary Medical Exemption with an expiration date. The form has expired and the DH 680 (Temporary Medical Exemption) Form can no longer be used. Please contact your health care provider to find out if more vaccinations and an updated DH 680 Form are now needed by your child. |
| Too many unsuccessful attempts have been made. | To help protect your child's health care records, after entering incorrect information three times to get a DH 680 Form, you cannot try again for fifteen minutes because it is blocked. Please wait for fifteen minutes and try again. |
| JavaScript is not enabled in your browser. JavaScript must be working for you to be able to retrieve the DH Form 680. | This page requires javascript to be working in your browser. The page has detected that javascript is disabled by your browser options settings or a script blocker is in use. |

HELP DESK**FREE TECHNICAL SUPPORT:**

877-888-7468 (SHOT)

MONDAY – FRIDAY, 8 A.M. TO 5 P.M. EASTERN

INCLUDING:

- Merging duplicate patient records
- Adding account administrators
- Unlocking Florida SHOTS accounts
- Questions about any Florida SHOTS features
- Requesting Florida SHOTS materials