

Vaccination Education Encounter



Florida SHOTS allows County Health Department users to document “vaccine education encounters” with a parent/guardian requesting a Religious Exemption using Immunization Form (DH681). Documenting a vaccine education encounter in Florida SHOTS indicates that the CHD designee conducting the education session has followed the prescribed DOH Immunization Section guidelines by providing the parent/guardian with DH8005-DCHP-05/2019 Form indicating recommended vaccines.

STEP 1

First, log into Florida SHOTS and complete patient search.

STEP 2

Click on **Vaccine Education** located under **Religious Exemption**.



STEP 3

This brings you to the Vaccine Education Encounter Maintenance page, where you can view the details of educational encounters previously provided. This page is also where you will record proof of a new vaccine education encounter.

NOTE: Any Florida SHOTS user at a County Health Department may record the Vaccine Education Encounter.

Vaccine Education Encounter Maintenance Train

Encounter
Date Attendee Name (L F M) Relationship Provider Staff Organization Name
No Vaccine Education Encounters are on file for this patient record.

Submit

Add a Vaccine Education Encounter

Encounter Date: * 04/24/2019 Organization: * DADE CHD

Relationship to patient: * --- Select --- Last Name * First Name * Middle Name

Attendee: * Provider: * --- Select ---

Add Encounter Record

STEP 4

Enter the date of the Vaccine Education Encounter.

Add a Vaccin

Encounter Date: * 04/24/2019

Relationship to patient: * --- Select ---

Last Name *

Attendee: *

Provider: * --- Select ---

Add Encounter Record

Select the attendee's relationship to the patient. Then, fill in their Last and First Name as the **Attendee**.

Add a Vaccine Education Encounter

Encounter Date: * 04/24/2019

Relationship to patient: * Mother

Last Name *

Attendee: * DEFG First Name * ABC

Provider: * OTHER (specify) DEASHJA

PADIN

Add Encounter Record Cancel Encounter Record

In the **Provider** drop-down menu, select the name of the individual who provided the educational encounter. If this individual is NOT listed, select **Other**. With this, you will be given two text boxes to type in the individuals **Last** and **First Name**.

Provider:* OTHER (specify)

After you have completed this section, click **Add Encounter Record**.

Encounter Date	Attendee Name (L,F,M)	Relationship	Provider Staff	Organization Name	Delete
04/24/2019	DEFG, ABC	Mother	PADIN, DEASHJA	DADE CHD	<input type="button" value="Delete"/>

Add a Vaccine Education Encounter

Encounter Date:* 04/24/2019 Organization:* DADE CHD

Relationship to patient:* --- Select ---

Last Name * First Name * Middle Name

Attendee:* Provider:* --- Select ---

When the vaccine education encounter is successfully saved, you will see it listed on the **Vaccine Education Encounter Maintenance** page.

HELP DESK

FREE TECHNICAL SUPPORT:

877-888-7468 (SHOT)
 MONDAY – FRIDAY, 8 A.M. TO 5 P.M. EASTERN

INCLUDING:

- Merging duplicate shot records
- Adding account administrators
- Unlocking Florida SHOTS accounts
- Questions about any Florida SHOTS features