

Quick Tips For Full Access Accounts



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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.
- ✓ It's important that you read the **"Current Announcements"** to stay current with all Florida updates and system releases.

Florida SHOTS Login

Organization Login ID *

Continue

Current Announcements

05/05/2025

Important note for Florida SHOTS users:


Remember you can always find system updates and training resources on our [flshotsusers.com](https://www.flshotsusers.com) website and also in our SHOTS Newsletter—available now in [English](#) and [Spanish](#).

01/08/2025

2025 VFC Annual Trainings

VFC Program providers will need to take the new training courses from "You Call The Shots" dated January 2025. WB4906 Vaccines For Children(VFC) and WB4905 Vaccine Storage and Handling must be taken by the primary, secondary, and enrollee on their accounts. The link to the trainings is [You Call the Shots](#)

▶ 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. The user name is not case sensitive.
 - **Password:** When your account is activated, DOH, or your Local Org Administrator (LOA), will provide you with a temporary password to access the system.
 - For security purposes, you will be required to change this password upon logging in for the first time. Click on the Help Text Icon  to view password parameter requirements.
 - Once you have successfully changed the temporary password, if you are ever unable to log in after entering your password twice, use the **"Need Password Assistance?"** feature to reset it.
 - After three failed login attempts, the account will be locked, and an LOA or the Florida SHOTS help desk will need to unlock it.
- You must login at least every 30 days (within three days of account being created for new user account) to prevent becoming inactivated. If your account is inactivated, contact your LOA or the Help desk.

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

User: KEENAN FARRAR

[Task List](#)

[Patients](#)

[Reminder Recall](#)

[System Transactions](#)

[Vaccine Inventory](#)

[Assess Imm Levels](#)

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[Change Password](#)[Security Question Edit](#)[Organization Edit](#)[Personnel List](#)[Service Site List](#)

[Customer Support](#)

[VFC Re-enroll](#)

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Security Question Edit

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

SubmitCancel

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 *

Login

[Browser Requirements](#)

[Need Password Assistance?](#)

▶ **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 LOA, or the Florida SHOTS help desk, will need to unlock the account.

Password Assistance

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: *

Submit

Back

3. REVIEW USER PROFILE

Florida SHOTS will prompt users to review their profile to ensure that all their account information is correct. Users will be required to provide a valid email address and select their associated service site(s). Any other profile information that needs to be updated will need to be completed by the LOA.

When you log in to Florida SHOTS, you will be directed to your **“User Profile”** page and see a notification of missing required information.

User Profile

Fatima Aviles

BEACH PEDIATRICS

Personnel Information

Medical License

User Account Information

Associated Service Sites

Service Site Responsibilities

Personnel Information

Last Name: AVILES

First Name: FATIMA

Middle Name:

Prefix:

Title: TRAINING - BG

Suffix:

National Provider ID:

Specialty:

Specialty (other):

Medicaid Number:

Organization Name: BEACH PEDIATRICS

E-mail Address: *
Example: Jane.Smith@exa

Start Date: 01/12/2024

Termination Date:

Immunization Provider:

Provider Person ID:

Primary Work Location:

The following item(s) need to be updated and saved:

- E-mail Address

- Associated Service Sites

Enter your email address to receive future communication (such as unlocking account, password resets, user authentication etc.) and click on the **“Save”** button.

Fatima Aviles
BEACH PEDIATRICS

Personnel InformationMedical LicenseUser Account InformationAssociated Service SitesService Site Responsibilities

SaveCancel

Personnel Information

Last Name:
AVILES

First Name:
FATIMA

Middle Name:

Prefix:

Title:
TRAINING - BG

Suffix:

National Provider ID:

Specialty:

Specialty (other):

Medicaid Number:

Organization Name:
BEACH PEDIATRICS

E-mail Address:*

Start Date:
01/12/2024

Termination Date:

Immunization Provider:

Provider Person ID:

Can Certify 680:
No

Can Sign 681:
No

Primary Work Location:

A message will emerge to confirm the update was saved.

E-mail address was updated successfully.

To select the site(s) where you work, scroll down to or select **“Associated Service Sites”** and click on the **“Add/Edit Associated Sites”** button.

Fatima Aviles
BEACH PEDIATRICS

Personnel InformationMedical LicenseUser Account InformationAssociated Service SitesService Site Responsibilities

SaveCancel

Associated Service Sites

Add/Edit Associated Sites

You have no associated service sites.

From the Associated Service Sites list, you can select the site(s) by selecting the “Select All Sites” button, click on the site(s) or typing in parts of the site name, address, or Vaccines for Children (VFC) pin in the “Find Site” field.

Fatima Aviles
BEACH PEDIATRICS

Personnel InformationMedical LicenseUser Account InformationAssociated Service SitesService Site Responsibilities

SaveCancel

Associated Service Sites

Save SelectionCancelSelect All SitesRemove All Sites

Find Site

☒ BEACH PEDS

Address: 123 BEACH BLVD PALM BEACH, FL 33440

VFC PIN: 501042

☒ BEACH PEDS WEST

Address: 123 SHELL BLVD PALM BEACH, FL 33401

VFC PIN: 501043

☐ SUNSET PEDS

Address: 123 SAND BLVD PALM BEACH, FL 33440

VFC PIN: 501044

Click on **“Save Selection”** to save your selection.

Associated Service Sites

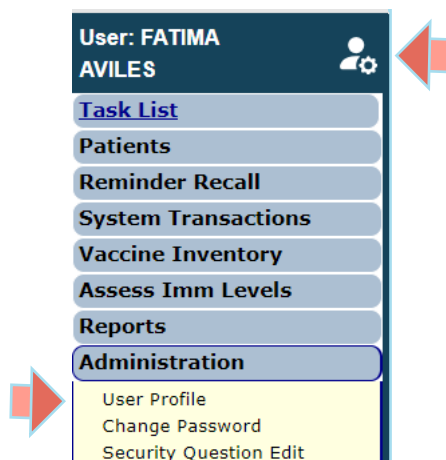
Save SelectionCancelSelect All SitesRemove All Sites

Find Site

A message will emerge to confirm your selection was saved.

Associated Service Sites updated successfully.

For future edits, the User Profile can be accessed by clicking on the profile icon or **“User Profile”** under the **“Administration”** menu option.




4. FUNCTIONS AVAILABLE ON THE 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 hide helpful information about that page.

5. ENTERING VACCINATIONS

Once a patient is in Florida SHOTS, 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: <input checked="" type="radio"/> Antigen <input type="radio"/> Vaccine <input type="radio"/> Date Given									
Task List		Antigen	Vaccine Type	Date Given	Dose/Interval	Age Yr-Mo/In Days	Total Mos/Adv Event?	Provider/Person	Source	Delete?	
Patients		DIPHTHERIA	PEDIARIX	11/13/2008	1	0-2	2		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
Search for Patient		DIPHTHERIA	PEDIARIX	01/20/2009	2	0-4	4		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
Redisplay Search Results		DIPHTHERIA	PEDIARIX	03/15/2009	3	0-6	6		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
Today's Patient List		DIPHTHERIA	PEDIARIX	07/23/2019	4	10-10	130	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
Search for Form 680		FLU	FLU QUAD PF	12/18/2018	1	10-3	123	ADAMESJ	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
To-be Certified 680s		HEP B	HEP B PED	09/12/2008	1	0-0	0		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
Release Patient Record		HEP B	PEDIARIX	11/13/2008	2	0-2	2		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
Discard Updates		HEP B	PEDIARIX	01/20/2009	3	0-4	4		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
Patient Data		HEP B	PEDIARIX	03/15/2009	4	0-8	6		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
Patient Identification		HIB	HIB HBOC	11/13/2008	1	0-2	2		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
Patient Information		HIB	HIB HBOC	01/20/2009	2	0-4	4		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
Parent/Guardian		HIB	HIB HBOC	03/15/2009	3	0-6	6		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
Immunization Status		MEASLES	MMR	10/12/2009	1	1-1	13		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
Vaccinations		MEASLES	MMR	09/14/2012	2	4-0	48		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
Adverse Events		MUMPS	MMR	10/12/2009	1	1-1	13		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
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											
Vaccine Education											

Option 1: “Add a Vaccination Record”

(Required for VFC Participants)

Unless a parent has opted out, Florida statutes require all VFC vaccines (from birth through 17 years of age) to be entered into Florida SHOTS. To meet these 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 manage your shot records and 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: *	DTAP	Vaccine Type Information	
Injection Site: *	-- Select --		Date Given: * 07/20/2017
Provider Org ID: *	TAMPA FAMILY HEALTH CENTERS		Injection Route: -- Select --
Imm Service Site: *	TAMPA FAM NEBRASKA		Provider Person ID: -- Select --
Funding Program: *	VFC/PED		
VFC Eligibility: *	VFC ELIGIBLE-MEDICAID/MCO		
Vaccine Information Statements			
CDC Vaccine Information Statements (VIS)		Type: MULTIPLE VACCINES *	VIS Date:
VIS Recipient: *		Patient: SMITH, JOHN	
* Yes		Consent for treatment given by VIS recipient	
Manufacturer: *	-- Select --	Include inactive <input type="checkbox"/>	
Lot Number: *		Expiration Date: *	
<input checked="" type="checkbox"/> Add another vaccination record after "Next" button is clicked * Asterisk indicates a required field			
Next			

- **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.
- **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.

Once you’ve entered all vaccine information, remove the checkmark from the **“Add another vaccination record after “Next” button is clicked”** box if no other vaccines were administered, click **“Next”** and you will be returned to the **“Vaccination List”** screen where you must click **“Submit”** to save the vaccination record.

► Option 2: “Add Historical Vaccination Records”

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

The screenshot shows the 'Historical Shots' form. It has a title bar 'Historical Shots' with a help icon. The form is divided into two main sections: 'by Vaccine Type' and 'by Date Given'. The 'by Vaccine Type' section has five rows, each with a dropdown menu and a checkbox. The 'by Date Given' section has five columns labeled 'Vaccine Type 1' through 'Vaccine Type 5', each with a dropdown menu and a checkbox. At the bottom, there are 'Next' and 'Cancel' buttons. A link 'Vaccine Type Information' is also visible.

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 Florida SHOTS. 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.

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”**.

6. DH FORM 680

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 below **"Adding Observations"** guide on flshotsusers.com.

www.flshots.com says

Error:

Part C (Permanent Contraindication) has been checked however no permanent contraindication is on file for a required antigen.

OK

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

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

Create a current Form 680

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: * Last Name First 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)

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.

Certificate of Immunization for K-12
PART A: DOE Code B: Immunizations are complete for 7th grade
 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.



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

DH 680 7/10

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



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

I have 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.

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