

Documenting Vaccines



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The documentation of administered or historical vaccines can either be electronically uploaded via an established connection with a compatible Electronic Health Record (EHR) software or manually entered in the Florida SHOTS patient record. This short guide will provide step-by-step instructions on how to enter administered and historical vaccines in the patient record.

1. DOCUMENTING ADMINISTERED VACCINE

Step 1:

Log into Florida SHOTS.

Step 2:

Complete a Patient Search from the **"Patients"** Florida SHOTS menu to open or add the patient record.

Florida Shots
keeping shots in shots

Submit

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

Forms
Form 680
Form 680 (name only)
Form 680 (school entry)
Form 680 (school entry)
Form 686 (Imm History)
Form 687 (Clinic Record)
Form 1478 (opt-out)

Reports
Immunization History

Tools
Clear Patient Token
Religious Exemption
Religious Exemption

Reminder Recall

System Transactions

Vaccine Inventory

Assess Imm Levels

Reports

Administration

Customer Support

Meaningful Use

COVID-19

Patient Search

Last Name: First Name: Date of Birth:

OR

State ID:

OR

Patient ID:

Search for Patient

Submit Search Patient

* Asterisk indicates a required field

Driver's license barcode scanning

Step 3:

Select **"Vaccinations"** from the Florida SHOTS menu and click on the **"Add a Vaccination Record"** button.

Submit

User: FATIMA AVILES

Task List

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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
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Form 680 (name only)
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COVID-19

Vaccination List

Sort by: ☒ Antigen ☐ Vaccine ☐ Date Given

Antigen	Vaccine Type	Date Given	Dose/Interval	Age Yr-Mo/In Days	Total Mos/Adv Event?	Provider/Person	Source	Delete?
HEP B	HEP B PED	11/15/2008	1	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
HEP B	HEP B PED	01/10/2009	2	1-7	19		BEACH MEDICAL	<input type="checkbox"/>
HEP B	HEP B PED	07/05/2011	3	4-1	49		BEACH MEDICAL	<input type="checkbox"/>
MEASLES	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
MEASLES	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
MUMPS	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
MUMPS	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
POLIO	IPV	11/15/2008	1	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
POLIO	IPV	01/10/2009	2	1-7	19		BEACH MEDICAL	<input type="checkbox"/>
POLIO	IPV	07/05/2011	3	4-1	49		BEACH MEDICAL	<input type="checkbox"/>
RUBELLA	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
RUBELLA	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
VZV	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
VZV	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>

Add a Vaccination Record

Add Historical Vaccination Records

Next

▶ Step 4:

In the **“Add Vaccination Record”** page you will need to complete all the following fields:

- **Vaccine Type:** Enter the type of vaccine the patient received. Vaccine Type Information hyperlink opens a table of Florida SHOTS vaccine types, the vaccine name, brand name, and manufacturer code to ensure correct Vaccine Type is selected.
- **Date Given:** Enter the date, or if vaccine was given today, enter **“T”** and the current date will automatically populate.
- **Injection Site:** Record the specific place on the body where an immunization is administered.
- **Injection Route:** Records the method used to administer the immunization.
- **Provider Org ID:** The name of the practice administering the vaccination defaults to your practice.
- **Provider Person ID:** Select the provider person ID of the staff administering the immunization.
- **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 Vaccines for Children (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.
- **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.
- **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 VIS information, click on the hyperlink CDC Vaccine Information Statements (VIS) above **“VIS Recipient”** field.
- **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.
- **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.

Remove the checkmark from **“Add another vaccination record”** if no other vaccines need to be recorded.



Click on **“Submit”** to save the vaccination record.

[Add a Vaccination Record](#) [Add Historical Vaccination Records](#)

2. DOCUMENTING HISTORICAL VACCINE

Step 1:

Log into Florida SHOTS.

Step 2:

Complete a Patient Search from the **"Patients"** Florida SHOTS menu to open or add the patient record.

Step 3:

Select **"Vaccinations"** from the Florida SHOTS menu and click on the **"Add Historical Vaccination Records"** button.

Antigen	Vaccine Type	Date Given	Dose/Interval	Age Yr-Mo/In Days	Total Mos/Adv Event?	Provider/Person	Source	Delete?
HEP B	HEP B PED	11/15/2008	1	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
			0	529	N			
HEP B	HEP B PED	01/10/2009	2	1-7	19		BEACH MEDICAL	<input type="checkbox"/>
			56	585	N			
HEP B	HEP B PED	07/05/2011	3	4-1	49		BEACH MEDICAL	<input type="checkbox"/>
			906	1491	N			
MEASLES	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
			0	427	N			
MEASLES	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
			102	529	N			
MUMPS	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
			0	427	N			
MUMPS	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
			102	529	N			
POLIO	IPV	11/15/2008	1	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
			0	529	N			
POLIO	IPV	01/10/2009	2	1-7	19		BEACH MEDICAL	<input type="checkbox"/>
			56	585	N			
POLIO	IPV	07/05/2011	3	4-1	49		BEACH MEDICAL	<input type="checkbox"/>
			906	1491	N			
RUBELLA	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
			0	427	N			
RUBELLA	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
			102	529	N			
VZV	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
			0	427	N			
VZV	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
			102	529	N			

Step 4:

In the **"Historical Shots"** page you can simultaneously enter several shots and will need to complete the following fields:

- Vaccine Type:** Enter the type of vaccine the patient received. Vaccine Type Information hyperlink opens a table of Florida SHOTS vaccine types, the vaccine name, brand name, and manufacturer code to ensure correct Vaccine Type is selected.
- Date Given:** Enter the date the vaccine was given. (By clicking on the checkboxes next to the "Date Given" fields, you indicate that the vaccine was provided by your organization.)

Click on the “Next” button.

Historical Shots Training Environment

by Vaccine Type

HPV9 (CVX 165) ☐ 11/19/2022 ☐

-- Select -- ☐

-- Select -- ☐

-- Select -- ☐

-- Select -- ☐

by Date Given

Vaccine Type 1 Vaccine Type 2 Vaccine Type 3 Vaccine Type 4

-- Select -- -- Select -- -- Select -- -- Select --

-- Select -- -- Select -- -- Select -- -- Select --

-- Select -- -- Select -- -- Select -- -- Select --

-- Select -- -- Select -- -- Select -- -- Select --

Vaccine Type Information

Next Return to Vaccination List Cancel

Step 5:

Click on “Submit” to save the vaccination record.

Submit Vaccination List

User: FATIMA AVILES

Sort by: @Antigen Vaccine Date Given

Antigen	Vaccine Type	Date Given	Dose/Interval	Age Yr./Mo/In Days	Total Mos/Adv Event?	Provider/Person	Source	Delete?
DIPHTHERIA	TDAP	03/02/2023	1	15-8	188	BEACH MEDICAL	BEACH MEDICAL	<input type="checkbox"/>
HEP B	HEP B PED	11/15/2008	1	1-5	17	ARCEL	BEACH MEDICAL	<input type="checkbox"/>
HEP B	HEP B PED	01/10/2009	2	1-7	19		BEACH MEDICAL	<input type="checkbox"/>
HEP B	HEP B PED	07/05/2011	3	4-1	49		BEACH MEDICAL	<input type="checkbox"/>
MEASLES	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
MEASLES	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
MUMPS	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
MUMPS	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
HPV9		11/10/2022	1	15-5	185		BEACH MEDICAL	<input type="checkbox"/>
PERTUSSIS	TDAP	03/02/2023	1	15-8	188	BEACH MEDICAL	BEACH MEDICAL	<input type="checkbox"/>
POLIO	IPV	11/15/2008	1	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
POLIO	IPV	01/10/2009	2	1-7	19		BEACH MEDICAL	<input type="checkbox"/>
POLIO	IPV	07/05/2011	3	4-1	49		BEACH MEDICAL	<input type="checkbox"/>
RUBELLA	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
RUBELLA	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
TETANUS	TDAP	03/02/2023	1	15-8	188	BEACH MEDICAL	BEACH MEDICAL	<input type="checkbox"/>
VZV	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
VZV	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>

Add a Vaccination Record **Add Historical Vaccination Records**

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