



Authorized School and Licensed or Registered
Child Care Facility User Agreement
For Access to Florida SHOTS
(Florida State Health Online Tracking System)



Florida SHOTS is...

a centralized database for recording and tracking immunizations by s. 381.003, F.S

Completion of this agreement according to the following conditions and instructions is required for authorized access to Florida SHOTS.

TERMS OF AGREEMENT

PLEASE READ CAREFULLY. As a CONDITION for enrolling in the Florida State Health Online Tracking System, AUTHORIZED USERS AGREE TO:

1. Access Florida SHOTS only to verify immunization records for patients currently enrolled in their own facility.
2. Accept and abide by all relevant state statutes concerning medical record confidentiality and Florida SHOTS access.
3. Ensure that facility staff accessing Florida SHOTS, as authorized by the applicant, adheres to all laws and regulations pertaining to use and access.
4. Safeguard user IDs and passwords against unauthorized use and assume responsibility for staff access to Florida SHOTS.
5. Maintain user accounts such that only current authorized users have access to Florida SHOTS and all terminated staff are appropriately removed from access.
6. Contact Florida SHOTS to request new user IDs and passwords when necessary to prevent breaches of confidentiality.
7. Notify Florida SHOTS personnel immediately upon suspension or revocation of license or registration.

In addition, for all authorized users of Florida SHOTS, it is UNDERSTOOD that:

1. Authorized administrators may assign staff access to Florida SHOTS and are solely responsible for managing such access.
2. The authorized school or licensed child care facility agrees to be solely liable and hold the Department of Health harmless for any breaches of confidentiality by the facility.
3. Access to Florida SHOTS will be terminated upon license revocation or suspension, for breaches of confidentiality or failure to adhere to any portion of this agreement.

Complete and submit the form on page two according to the following instructions:

SECTION I - Authorized responsible individual information

1. Provide the name and the job title of the authorized responsible individual of the public school, private school, or licensed child care facility. Appropriate responsible authorized individuals include a school nurse or principal, and a child care facility owner or director.
2. Principals include your DOE Teaching Certificate #, Licensed nurses (LPN or RN) include your medical license #. Private schools must attach a copy of license or registration to this agreement.
3. Provide job title and the authorized responsible individual must sign the agreement in the space provided. By signing the agreement, the authorized individual agrees to ensure that all staff accessing Florida SHOTS under his or her authorization will adhere to the same laws and regulations pertaining to access.
4. Provide telephone number, fax number and email.

SECTION II - Schools and Licensed or registered Child Care Facility Information

1. Check the appropriate box for facility type.
2. Provide the facility name address, city, state, zip, county, telephone number and fax number (child care facilities include your license number).
3. Provide a contact name, title, telephone number, fax number and email. The contact listed will become the account administrator.

SECTION III - Agreement Submission

1. Mail or email this form to the address or email address indicated. If you have any questions regarding completion of the form or about Florida SHOTS, please call the phone number provided.
2. Agreements will expire every two years after activation. At that time, contact the Department of Health, Bureau of Epidemiology for renewal.



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Schools and Licensed Child Care Facilities

✓ Upon approval of this agreement, authorized responsible individuals at schools and licensed child care facilities will be issued user identification and passwords for access to Florida SHOTS. Authorized responsible individuals may then allow their individual staff, who are authorized or approved following standard internal security procedures such as background checks conducted by the facility, to access Florida SHOTS using the authorized responsible individuals authorization. Authorized responsible individuals must ensure staff adherence to confidentiality, manage staff turnover that requires system access termination, and managing new staff access through appointing an administrator at the site. Access to Florida SHOTS may be terminated for non-use or for failure to adhere to this agreement.

Section I - Agreement by signing below, I agree to abide by all terms of this agreement.

Authorized Responsible Individual Name: _____
 Medical License or DOE Teaching Certificate # (if applicable): _____
 Job Title: _____ Signature: _____ Date: _____
 Phone: _____ Fax: _____ Email: _____

Section II - Schools and Licensed or Registered Child Care Facilities (licensed under ss.402.302-402.309, F.S)

Type of Facility (check one): Child Care Facility Public School Non Public School
 Public School Clinic Non Public School Clinic

Facility Name: _____ Facility License # (if applicable): _____
 Address: _____ City: _____ State: _____
 Zip: _____ County: _____ Phone: _____ Fax: _____
 Contact Name: _____ Title: _____
 Phone: _____ Fax: _____ Email: _____

Section III-Agreement Submission

Please keep a copy for your files and mail or email this side of the agreement to:

Florida Department of Health
Bureau of Epidemiology
 4052 Bald Cypress Way, Bin # A11
 Tallahassee, Florida 32399-1719

Telephone: 877-888-SHOT (7468)
Email: *Fshots@flhealth.gov*