

Añadiendo observaciones y reacciones adversas en Florida SHOTS

11 DE AGOSTO DE 2026



Florida SHOTS utiliza Observaciones (“**Observations**”) para documentar contraindicaciones y precauciones al recibir ciertas vacunas. También se requiere registrar una observación para poder emitir una exención de vacuna. Además, los usuarios pueden añadir factores de riesgo como observaciones para indicar administración no rutinaria de vacunas. Una vez grabadas, estas observaciones influenciarán los itinerarios de inmunización del paciente, el pronóstico, y los informes de recordatorio/retiro.

Lo siguiente describe como documentar observaciones utilizadas comúnmente en el expediente del paciente. Primero complete la Búsqueda de Paciente (“**Patient Search**”) y abra el expediente del paciente.

AÑADIENDO HISTORIA DE LA ENFERMEDAD DE LA VARICELA (CHICKENPOX):

1. Haga clic en el ítem del menú Observaciones (“**Observations**”) a la izquierda para abrir la página de Lista de Observaciones (“**Observation List**”). Seleccione el botón de Añadir Nueva Observación (“**Add New Observation**”).

The screenshot shows the 'Observation List' page. On the left is a sidebar menu with 'Observations' highlighted. The main area has a table with columns: Description, Expires, Type, Applies To, and Delete?. A message states 'No observations have been recorded for this client'. A red arrow points to the 'Add New Observation' button.

2. Seleccione Varicela para Grupo de Vacunas (“**Vaccine Group**”) e Inmunidad a una enfermedad (“**Immunity to a disease**”) de Incluya tipos de observación (“**Include observation types**”). Haga clic en Mostrar Observaciones que Concuerdan (“**Show Matching Observations**”).

The screenshot shows the 'Find Observation' page. Search criteria include 'Vaccine Group' set to 'Varicella' and 'Include observation types' with 'Immunity to a disease' checked. A red arrow points to the 'Show Matching Observations' button. Below is a table of matching observations.

Description	Perm/Temp	Type	Applies To
Health care personnel	Permanent	Indication for risk schedules	HepB risk 3-dose series when 60 years or older; HepB risk HepB risk HepB risk 2-dose series when 60 years or older; HepB risk HepB risk HepB risk 4-dose series when 60 years or older; HepB risk Twinrix 3 Dose Series when 60 years or older; HepB risk Twinrix 4-dose series when 60 years or older; Measles risk 2-dose series when 18 years or older; Mumps risk 2-dose series when 18 years or older; Rubella risk 2-dose series when 18 years or older
Healthcare provider verified history of or diagnosis of Varicella	Permanent	Immunity for diseases	Measles when born before 01/01/57; Mumps when born before 01/01/57; Rubella when born before 01/01/57; Varicella when born before 01/01/80 and born in U.S.
Healthcare provider verified history of or diagnosis of Herpes Zoster	Permanent	Immunity for diseases	Varicella
Immunocompromised	Temporary	Contraindication for vaccines	FLU-MIST; FLU-MIST SELF ADMIN; FLU-MIST TRI; SMALLPOX; SMALLPOX (ACAM2000)
		Immunity exclusion for diseases	Varicella when born before 01/01/80 and born in U.S.

3. Seleccione Historial verificado por proveedor del cuidado de la salud de o diagnóstico de varicela (“**Healthcare provider verified history of or diagnosis of Varicella**”) o Evidencia de Laboratorio de Inmunidad (“**Laboratory Evidence of Immunity**”) de la lista de Descripción (“**Description**”), y se le pedirá que entre la Fecha de identificación (“**Date identified**”) y Año de la enfermedad (“**Disease year**”). Haga clic en el botón de Próximo (“**Next**”) en la esquina inferior izquierda.

Add Observation Training Environment

Description: Healthcare provider verified history of or diagnosis of Varicella

Type: Immunity for diseases
Applies To: Varicella

Perm/Temp: Permanent

Date Identified: * 08/05/2026

Disease year: * 2021

Comments:

* Asterisk indicates a required field

Next Return to Observation List Cancel

4. Haga clic en Enviar (“**Submit**”) en la esquina superior izquierda para guardar.

FloridaShots keeping shots in check

Name: SAMUELS, EMILY
DOB: 08/15/2019 (6 yrs 11 mos 21 dys) (2547 days)
CIP: BEACH PEDIATRICS

State IMM Id: 9901571233
SSN:
Site: BEACH PEDS

Sex: Female
Status: **Overdue**

Submit Observation List Training Environment

Description	Expires	Type	Applies To	Delete?
Healthcare provider verified history of or diagnosis of Varicella	Permanent	Immunity for diseases	Varicella	☐

Next Add New Observation Hide Expired Observations Cancel

AÑADIENDO OBSERVACIONES:

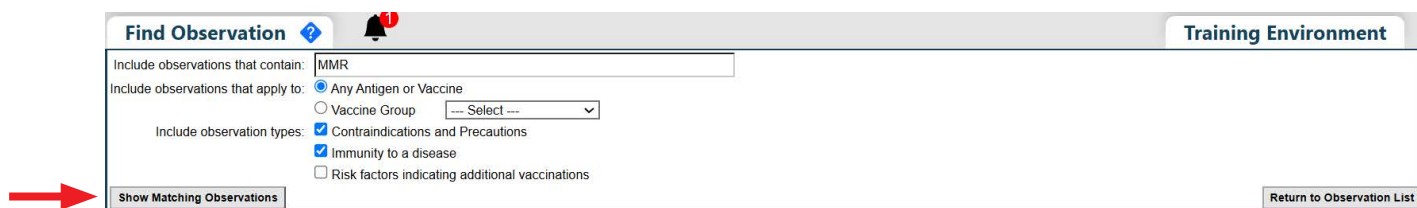
1. Abra el expediente del paciente, seleccione Observaciones (“**Observations**”) en el ítem del menú para abrir la página de Lista de Observaciones (“**Observation List**”). Haga clic el botón de Añadir Nueva Observación (“**Add New Observation**”).

Submit Observation List Training Environment

Description	Expires	Type	Applies To	Delete?
No observations have been recorded for this client				

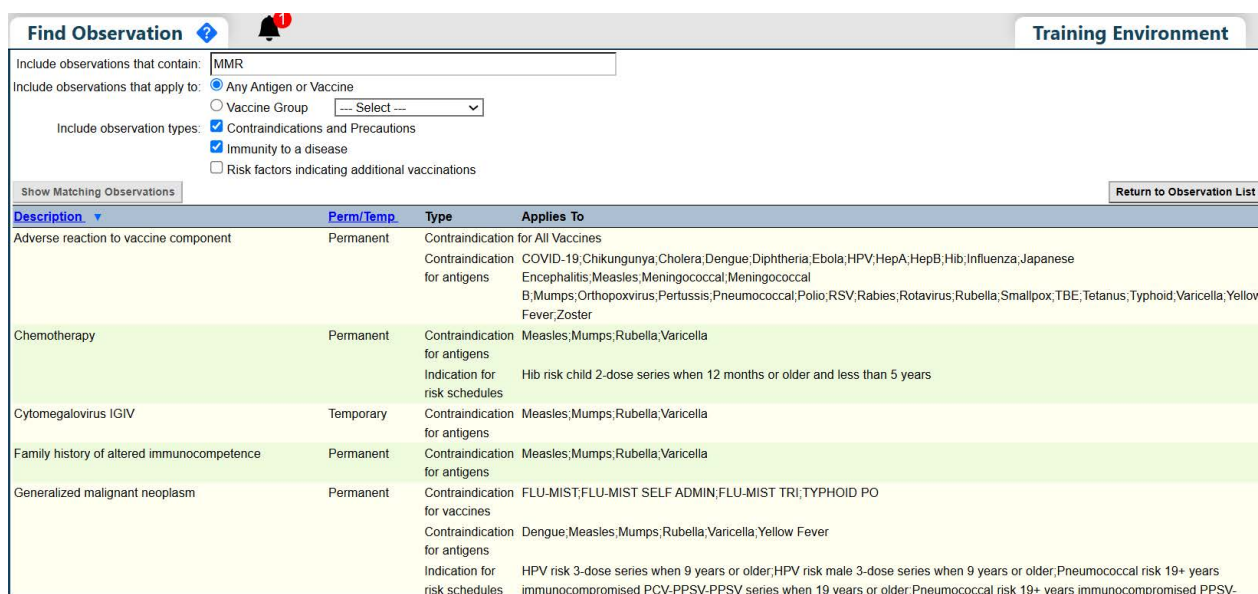
Next Add New Observation Hide Expired Observations Cancel

- Ingrese la vacuna para la cual se emite la exención en Incluye Observaciones que Contienen “**Include observations that contain**” o seleccione del Grupo de Vacunas (“**Vaccine Group**”) de Observación que se aplica a “**Include observation that apply to**”. Haga clic en el botón de Mostrar Observaciones que Coinciden (“**Show Matching Observations**”).



The screenshot shows the 'Find Observation' form in a 'Training Environment'. The form includes fields for 'Include observations that contain:' (MMR), 'Include observations that apply to:' (Any Antigen or Vaccine), and 'Include observation types:' (Contraindications and Precautions, Immunity to a disease, Risk factors indicating additional vaccinations). A red arrow points to the 'Show Matching Observations' button.

- Seleccione la observación de la lista de Descripción (“**Description**”).



The screenshot shows the 'Find Observation' form with the 'Show Matching Observations' button clicked. The table below lists the matching observations.

Description	Perm/Temp	Type	Applies To
Adverse reaction to vaccine component	Permanent	Contraindication for All Vaccines	COVID-19;Chikungunya;Cholera;Dengue;Diphtheria;Ebola;HPV;HepA;HepB;Hib;Influenza;Japanese Encephalitis;Measles;Meningococcal;Meningococcal B;Mumps;Orthopoxvirus;Pertussis;Pneumococcal;Polio;RSV;Rabies;Rotavirus;Rubella;Smallpox;TBE;Tetanus;Typhoid;Varicella;Yellow Fever;Zoster
Chemotherapy	Permanent	Contraindication for antigens Indication for risk schedules	Measles;Mumps;Rubella;Varicella Hib risk child 2-dose series when 12 months or older and less than 5 years
Cytomegalovirus IGIV	Temporary	Contraindication for antigens	Measles;Mumps;Rubella;Varicella
Family history of altered immunocompetence	Permanent	Contraindication for antigens	Measles;Mumps;Rubella;Varicella
Generalized malignant neoplasm	Permanent	Contraindication for vaccines Contraindication for antigens Indication for risk schedules	FLU-MIST;FLU-MIST SELF ADMIN;FLU-MIST TRI;TYPHOID PO Dengue;Measles;Mumps;Rubella;Varicella;Yellow Fever HPV risk 3-dose series when 9 years or older;HPV risk male 3-dose series when 9 years or older;Pneumococcal risk 19+ years immunocompromised PCV-PPSV-PPSV series when 19 years or older;Pneumococcal risk 19+ years immunocompromised PPSV-

NOTA: La vacuna tiene que ser registrada en el expediente del paciente para poder añadir una observación. Este mensaje alertara al usuario si falta:

www.flshots.com says

This observation requires an adverse event to be on patient record before it can be added. Please document the adverse event first before adding this observation.
This observation cannot be added.

OK

Adicionalmente ciertas observaciones permanentes requerirán que se documente la reacción adversa para la vacuna específica. Este mensaje alertará al usuario si falta:



- Se le pedirá que ingrese la fecha en que se identificó la observación en la casilla de Fecha de Identificación (“**Date identified**”) con opción de comentarios. Haga clic en el botón de Próximo (“**Next**”) para continuar.

Add Observation **Training Environment**

Description: Severe allergic reaction after previous dose of Measles

Type: Contraindication for antigens Measles,Mumps,Rubella
Contraindication for vaccines MMRV

Perm/Temp: Permanent

Date identified: * 08/06/2026

Comments:

* Asterisk indicates a required field

Next Return to Observation List Cancel

- Haga clic en Enviar (“**Submit**”) en la esquina superior izquierda para guardar la observación.

Submit **Observation List** **Training Environment**

User: FATIMA AVILES	Description	Expires	Type	Applies To	Delete?
Task List	Severe allergic reaction after previous dose of Measles	Permanent	Contraindication for vaccines	MMRV	☐
Patients			Contraindication for antigens	Measles,Mumps,Rubella	

Next Add New Observation Hide Expired Observations Cancel

AÑADIR REACCIÓN ADVERSA:

1. Abra el expediente del paciente, seleccione Reacción Adversa (“**Adverse Events**”) en el ítem del menú para abrir la página de Reacción Adversa. Haga clic en la Fecha de Vacunación (“**Vaccination Date**”) para la vacuna que está documentando la reacción adversa.

Submit Adverse Events

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 (name only)

Form 680 (school entry)

Create Form 680 Pin

Form 686 (Imm History)

Select Vaccination Date

Vaccination Date	Adverse Event	Del?
07/29/2026	N	
05/20/2026	N	
01/20/2026	N	
11/10/2025	N	
04/15/2020	N	
04/05/2020	N	
02/26/2016	N	
09/18/2013	N	
08/09/2012	N	
04/15/2012	N	
04/04/2012	N	
01/12/2012	N	
07/13/2011	N	
05/09/2011	N	
03/29/2011	N	
02/10/2011	N	

Next

2. Ingrese la información sobre la reacción adversa asociada con la vacuna administrada en la fecha seleccionada. Elija uno o más síntomas que el paciente tiene. Elija entre los tipos de vacunas proporcionada en la fecha seleccionada. Haga clic en el botón de Próximo (“**Next**”) para continuar.

Adverse Event Record Training Environment

Adverse Event Details

Vaccine Date: 07/29/2026

Date Onset: * 07/29/2026

Person Reporting: * PAM PERRY

Reporting Phone:

Date of Death:

Provider Org ID: --- Select ---

Provider Person ID:

Comments:

* Asterisk indicates a required field

Symptoms*

Adenopathy

Adverse death ind

Adverse oth

Allergic Event

Anaphalaxis ind

Arthralgia ind

Asptc mening ind

Asthma ind

Vaccine Types*

TDAP

Note: Hold down ctrl-key to select multiple Symptoms or Vaccine Types

Link to VAERS

Next Cancel

3. Haga clic en Enviar (“**Submit**”) en la esquina superior izquierda para guardar la reacción adversa.

Submit Adverse Events

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 (name only)

Form 680 (school entry)

Create Form 680 Pin

Form 686 (Imm History)

Select Vaccination Date

Vaccination Date	Adverse Event	Del?
07/29/2026	Y	
05/20/2026	N	
01/20/2026	N	
11/10/2025	N	
04/15/2020	N	
04/05/2020	N	
02/26/2016	N	
09/18/2013	N	
08/09/2012	N	
04/15/2012	N	
04/04/2012	N	
01/12/2012	N	
07/13/2011	N	
05/09/2011	N	
03/29/2011	N	
02/10/2011	N	

Next

Información de Contacto

Servicio de Ayuda Gratuita:

877-888-7468 (SHOT)

LUNES – VIERNES, 8 A.M. A 5 P.M. HORA DEL ESTE

Incluye:

- Consolidación de registros de pacientes duplicados
- Adición de administradores de cuentas
- Desbloqueo de cuenta en Florida SHOTS
- Preguntas sobre las funciones de Florida SHOTS