Documenting A COVID-19 Vaccine



Enrolled COVID-19 vaccine providers are required to report vaccination data in Florida SHOTS within 24 hours of administration. The documentation can either be electronically uploaded via an established connection with a compatible Electronic Health Record (EHR) software, manually entered in the Florida SHOTS patient record or uploaded via the available Florida SHOTS Excel Spreadsheet. This short guide will provide step-by-step instructions on how to enter a COVID-19 vaccine in the patient record and uploading a spreadsheet.

Documenting Vaccine in Patient Record

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.

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Contract Remark Bizclude From Recall Nerge History Form 680 Create Pin Form 687 Form 647 Form 1478 (opt-out) Reports		

STEP 3

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



In the "Add Vaccination Record" page you will need to complete all the following fields:

- Vaccine Type: Enter the type of COVID-19 vaccine the patient received.
- 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: Select COVID-19 effort from the drop-down menu.
- Patient Insurance: Specify the patient's insurance coverage.
- VIS Recipient: Select the person receiving the Fact Sheet for this patient. "Other" may be selected and you may enter the name of the person receiving the form as well as that person's relationship to the patient.
- VIS Date: Enter the date of the Fact Sheet provided for this vaccination. 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 that received the statements, local policy on documentation of consent for treatment should be used
- Manufacturer, Lot Number & Expiration Date: The vaccine information that was administered.
- COVID-19 Risk Factors 1: Please indicate the patient's eligibility for this vaccination.

Remove the checkmark from "Add another vaccination record".

Click on the "Next" button.

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Tools Defined Tokan T □ Special Conditions: 0, , r □ COVID-19 Risk Factors: 1,
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COVID-19 GAd another vaccination record after "Next" button is clicked
COVID-19 Reports
VEC.Re-enroll Astarsk indicates required field
Sign out Return to Vaccination List Canadian C
English (United States)

Click on "Submit" to save the vaccination record.

Florida Sho	n check	ame: DOUGLASS,F DOB: 03/03/1955 CIP: BEACH MED	RICHARD (66 yrs 1 m GROUP	os 26 dys) (24	4164 days)		State IM	M Id: 801 SSN: Site:HEA	1771094 NLTH SYSTEM URGENT CAR	Sex: Status: E	Male Overdue			
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To-be Certified 680s Release Patient Record Discard Updates Patient Data Patient Identification Patient Information Parent/Quardian Immunization Status	Next	Add a Vacc	ination Record	Add Historical 1	N Vaccination Records]								Са

Documenting Historical Vaccine (Use the patient's COVID-19 Vaccination Record Card)

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.

Submit	Patient Search	•	Training Environment
 User: FATIMA AVILES Task List Patients Search for Patient Radiopley Search Results	Last Name: Date of Birth:		
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Vaccinations Adverse Events Observations Contact Attempts	* Atterick indicates a required field		

STEP 3

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

Florida Sho	ts"	Name: DOUGLA DOB: 03/03/1 CIP: BEACH I	SS,RICHARD 955 (66 yrs 1 MED GROUP	mos 26 dy	5) (24164	days)	State IM	M Id: 8 SSN: Site:H	011771094 EALTH SYSTEM URGENT CARE	Sex: Male Status: Overde	ue		
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In the "Add Vaccination Record" page you will need to complete the following fields:

- Vaccine Type: Enter the type of COVID-19 vaccine the patient received.
- Date Given: Enter the date the vaccine was given.
- Provider Org ID: The name of the practice administering the vaccination defaults to your practice, select **"OTHER"** from the drop-down menu.

Complete any other fields if you have the information.

Remove the checkmark from "Add another vaccination record".

Click on the "Next" button.



STEP 5

Click on "Submit" to save the vaccination record.



Uploading Spreadsheet

Download the latest version of the spreadsheet either from the Florida SHOTS login page or from the Florida SHOTS menu option "**COVID-19**" and select "**Spreadsheet Upload**". Add the patient and vaccine information on the spreadsheet as indicated on the "**Instructions**" tab and save on your computer.

STEP 1

Log into Florida SHOTS.

STEP 2

Select "COVID-19" from the Florida SHOTS menu and click on "Spreadsheet Upload".

Submit	COVID-19 Spreadsheet Upload	•	Training Environment
User: FATIMA AVILES	Vaccinating Organization: * 🛞 BEACH MED GROUP		
Task List			
Patients	Vaccinating Site: * Select		
Reminder Recall	Note:		
System Transactions	Spreadsheet File: *		
Vaccine Inventory	Choose File No file chosen		
Assess Imm Levels			
Reports			
Administration	rLatest spreadsheet template with instructions		
Customer Support	Get Blank Spreadsheet		
Meaningful Use			
COVID-19			
Enrollment Spreadsheet Upload			
Spreadsheet List			
COVID-19 Reports			
Vrc Ke-enroll			

STEP 3

On the "COVID-19 Spreadsheet Upload" page, select the "Vaccination Site" that you are uploading the spreadsheet for. Click on the **"Choose File"** button to select the spreadsheet from your computer.

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submit	COVID-19	Spreadsh	eet Upload				
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Click on "Upload Spreadsheet File" button to upload the spreadsheet.

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Submit	COVID-19 Spreadsheet Upload		•	Training Environment
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Reminder Recall	Note:			
System Transactions	Spreadsheet File: *			
Vaccine Inventory	Choose File COVID19Va142021.xlsx			
Assess Imm Levels				
Reports	Upload Spreadsheet File			
Administration	- I atest spreadsheet template with instructions			
Customer Support	Get Blank Spreadsheet			
Meaningful Use				

STEP 5

You will be directed to the "Spreadsheet List" page where you view all previous uploaded spreadsheets and monitor the status of the upload. The "Upload successful?" column will change to "Complete" once the spreadsheet is successfully uploaded.

Submit	COVID-19 Spreadsheet List	•	Training Environ
User: FATIMA AVILES	Spreadsheet status: O Only not-yet accepted O Only accepted I Either		
Task List	Uploaded From Date: 05/50/2022 Thru: 04/29/2021		
Patients	Vaccinating Org:		
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Sign out	04/14/2021 13:18:33 HEALTH SYSTEM URGENT CARE AVILES, FATIMA		

Spreadsheet Errors

If the spreadsheet contains errors, the "Upload Successful?" column will indicate Not Yet and the "Has Errors" column will indicate Yes.

Submit	COVID-19 Spreadsheet List
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Spreadsheet List	04/22/2021 12:49:55 BEACH MED GROUP AVILES, FATIMA
COVID-19 Reports	04/22/2021 12:51:59 HEALTH SYSTEM URGENT CARE AVILES, FATIMA Complete Download Delete
VFC Re-enroll	04/14/2021 13:16:39 BEACH MED GROUP AVILES, FATIMA overlite Carter
Sign out	04/14/2021 13:18:33 HEALTH SYSTEM URGENT CARE AVILES, FATIMA Complete Download Delete
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Submit Training Environment COVID-19 Spreadsheet Edit A AVILES Spreadsheet Information Return to Spreadsheet List Format: COVID-19 Note: Note: Uploading Org: BEACH MED GROUP Uploading Site: HEALTH SYSTEM URGENT CARE Uploaded: 04/29/2021 15:53:04 File type: xlsx Vaccinating Org: BEACH MED GROU by: AVILES, FATIMA Download tion Record Creation: Not
 Error Locators
 Create patient records

 Next
 Prior
 Submit (click to save your changes to rows below)
 Cancel
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Click on the spreadsheet line to view error(s) which will be highlighted in pink.

Click on the error to make the correction and click on "Change" button.

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Click on "Submit (click to save your changes to rows below)" to save change and upload spreadsheet.

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Row Nbr 2 3	DUNLAVY DUNNICK	First Name RICHARD RICHARD	DOB 01/16/1955 12/24/1954	Sex M M	Street Address 1216 FIRST ST 1215 FIRST ST	City TOWN TOWN	St 2 FL 3 FL 3	Zipcode 333333 333333	County of Residence	Phone Nbr (850)555- 1111 (850)555- 1111	Race BLACK/AFRICAN AMERICAN BLACK/AFRICAN AMERICAN	Ethnicity Y N	Date Given 04/22/2021 04/22/2021	Vaccine COVID-19 MODERNA COVID-19 MODERNA	Mfg MOD MOD	Lot Number 012L20A 012L20A	NDC Expirat Date 0273- 99 80777- 04/30/20 99 80777- 04/30/20 0273- 99	on VIS Pub Da 21 04/01/20 21 04/01/20	In Sit 21 LA 21 LA	ID ID	Eligibility FLSHOTS071 FLSHOTS071	RiskFactors AGE-BASED ELIGIBILITY AGE-BASED ELIGIBILITY	AVILES, FATIMA	Credentials Genera Error MA MA	
Row Nbr 2 3 4	DUNLAVY DUNNICK DOMBROWSKI	RICHARD RICHARD RICHARD ROBERT	DOB 01/16/1955 12/24/1954 05/10/1955	Sex M M M	Street Address 1216 FIRST ST 1215 FIRST ST 1214 FIRST ST	City TOWN TOWN TOWN	St 2 FL 3 FL 3	Zipcode 333333 333333 333333 333333	County of Residence LEON LEON LEON	Phone Nbr (850)555- 1111 (850)555- 1111 (850)555- 1111	Race BLACK/AFRICAN AMERICAN BLACK/AFRICAN AMERICAN BLACK/AFRICAN	Ethnicity Y N N	7 Date Given 04/22/2021 04/22/2021 04/22/2021	Vaccine COVID-19 MODERNA COVID-19 MODERNA COVID-19 MODERNA	Mfg MOD MOD	Lot Number 012L20A 012L20A 012L20A	NDC Expirat Date 80777- 99 04/30/20 80777- 99 04/30/20 80777- 999 04/30/20 80777- 0273- 99 04/30/20	on VIS Pub Da 21 04/01/20 21 04/01/20 21 04/01/20	te Sit 21 LA 21 LA 21 LA	ID ID ID ID	Eligibility FLSHOTS071 FLSHOTS071 FLSHOTS073	RiskFactors AGE-BASED ELIGIBILITY AGE-BASED ELIGIBILITY AGE-BASED ELIGIBILITY	AVILES, FATIMA AVILES, FATIMA AVILES, FATIMA	Credentials Generation MA MA MA	
Row Nbr 2 3 4 5	Last Name DUNLAVY DUNNICK DOMBROWSKI	First Name RICHARD RICHARD ROBERT RICHARD	DOB 01/16/1955 12/24/1954 05/10/1955 02/05/1955	Sex M M M	Street Address 1216 FIRST ST 1215 FIRST ST 1214 FIRST ST 1213 FIRST ST	City TOWN TOWN TOWN TOWN	St 2 FL 3 FL 3 FL 3	Zipcode 333333 333333 333333 333333	LEON LEON LEON LEON LEON	Phone Nbr (850)555- 1111 (850)555- 1111 (850)555- 1111	Race BLACK/AFRICAN AMERICAN BLACK/AFRICAN AMERICAN BLACK/AFRICAN BLACK/AFRICAN	Ethnicity Y N N	 Date Given 04/22/2021 04/22/2021 04/22/2021 04/22/2021 	Vaccine COVID-19 MODERNA COVID-19 MODERNA COVID-19 MODERNA	Mfg MOD MOD MOD	Lot Number 012L20A 012L20A 012L20A 012L20A	NDC Expirat Date 80777- 04/30/20 99 9 80777- 04/30/20 99- 9 80777- 04/30/20 99- 9 80777- 04/30/20 99- 9 80777- 04/30/20 99- 9 80777- 04/30/20 99- 9	on VIS Pub Da 21 04/01/20 21 04/01/20 21 04/01/20 21 04/01/20	In Sit 21 LA 21 LA 21 LA 21 LA 21 LA	ID ID ID ID ID ID	Eligibility FLSHOTS071 FLSHOTS071 FLSHOTS073 FLSHOTS071	RiskFactors AGE-BASED ELIGIBILITY AGE-BASED ELIGIBILITY AGE-BASED ELIGIBILITY	Given By Name AVILES, FATIMA AVILES, FATIMA AVILES, FATIMA	Credentials Gener. MA MA MA MA	
Row Nbr 2 3 3 4 5 5 6	Last Name DUNLAVY DUNNICK DOMBROWSKI DOXIE DUNNICK	First Name RICHARD RICHARD ROBERT RICHARD RICHARD	DOB 01/16/1955 12/24/1954 05/10/1955 02/05/1955 12/10/1954	Sex M M M M	Street Address 1216 FIRST ST 1215 FIRST ST 1214 FIRST ST 1213 FIRST ST 1212 ST 1212 ST	City TOWN TOWN TOWN TOWN	St 2 FL 3 FL 3 FL 3	Zipcode 333333 333333 333333 333333 333333 3333	County of Residence LEON LEON LEON LEON LEON LEON LEON	Phone Nbr (850)555- 1111 (850)555- 1111 (850)555- 1111 (850)555- 1111	Race BLACK/AFRICAN AMERICAN BLACK/AFRICAN AMERICAN BLACK/AFRICAN AMERICAN WHITE VIETNAMESE	Ethnicity Y N N N	 Date Given 04/22/2021 04/22/2021 04/22/2021 04/22/2021 04/22/2021 	Vaccine COVID-19 MODERNA COVID-19 MODERNA COVID-19 MODERNA COVID-19 MODERNA	Mfg MOD MOD MOD MOD	Lot Number 012L20A 012L20A 012L20A 012L20AA 012L20AA	NDC Expirat Date 80777- 99 04/30/20 0273- 99 80777- 0273- 99 04/30/20 0273- 99 80777- 0273- 99 04/30/20 0273- 99 80777- 0273- 99 04/30/20 0273- 99 80777- 99 04/30/20 0273- 99	on VIS Pub Da 21 04/01/20 21 04/01/20 21 04/01/20 21 04/01/20 21 04/01/20 21 04/01/20	te Sit 21 LA 21 LA 21 LA 21 LA 21 LA 21 LA	ID ID ID ID ID ID	Eligibility FLSHOTS071 FLSHOTS071 FLSHOTS073 FLSHOTS071 FLSHOTS071	RiskFactors AGE-BASED ELIGIBILITY AGE-BASED ELIGIBILITY AGE-BASED ELIGIBILITY AGE-BASED ELIGIBILITY	Given By Name AVILES, FATIMA AVILES, FATIMA AVILES, FATIMA AVILES, FATIMA	Credentials Generation MA MA M	

You will receive a notification that spreadsheet is in progress.



HELP DESK

FREE TECHNICAL SUPPORT:

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