

# Editing Vaccine Records in Florida SHOTS



Making changes to manually-entered or uploaded vaccine records is simple. First, complete the “Patient Search” and load the patient’s record.

## STEP 1

Click the “Vaccinations” menu item on the left.

The screenshot shows a vertical menu titled "Patients" with the following items: 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 (highlighted in yellow), Adverse Events, Contraindications, Contact Attempts, Exclude From Recall, New Imm Status, Merge History, Religious Exemption, Form 680, Form 680, Create Pin, Forms, Form 687, Form 1478 (opt-out), Reports, Immunization History. A red arrow points to the "Vaccinations" item.

## STEP 2

On the “Vaccination List,” find the vaccination that you wish to edit and click directly on it to open the “Change Vaccination Record” screen.

Vaccination List									
Sort by: <input checked="" type="radio"/> Antigen <input type="radio"/> Vaccine <input type="radio"/> Date Given									
Antigen	Vaccine Type	Date Given	Dose/Interval	Age Yr.-Mo/ in Days	Total Mos/ Adv Event?	Provider/Person	Source	Delete?	
DIPHTHERIA	DTAP	07/23/2006	1 0	2-10 1045	34 Y	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS		
DIPHTHERIA	DTAP-IPV	06/25/2008	2 703	4-9 1748	57 N	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS		
DIPHTHERIA	PEDIARIX	11/13/2008	3 141	5-2 1889	62 N	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS		
DIPHTHERIA	TDAP	01/12/2015	4 2251	11-4 4140	136 N		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
FLU	FLU-MIST	01/01/2014	1 0	10-3 3764	123 N		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
HEP B	PEDIARIX	11/13/2008	1 0	5-2 1889	62 N	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS		
HEP B	HEP B	07/21/2015	2 2441	11-10 4330	142 N		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
HEP B	HEP B	03/01/2016	3 224	12-5 4554	149 N	TAMPA FAMILY HEALTH CENTERS FARRARK	TAMPA FAMILY HEALTH CENTERS		
HIB	HIB PRPOMP	11/13/2003	1 0	0-2 62	2 N	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS		
HIB	HIB PRPOMP	01/15/2004	2 63	0-4 125	4 N		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
HIB	HIB PRPOMP	03/14/2004	3 59	0-6 184	6 N	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS		
HPV	HPV9	11/16/2016	1 0	13-2 4814	158 N	TAMPA FAMILY HEALTH CENTERS BROWNS	TAMPA FAMILY HEALTH CENTERS		
MEASLES	MMR	04/01/2013	1 0	9-6 3489	114 N	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS		
MEASLES	MMR	04/04/2015	2 733	11-6 4222	138 N	HILLSBOROUGH CHD ACKEYF	HILLSBOROUGH CHD		
MEN	MENACTRA	08/01/2016	1 0	12-10 4707	154 N		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
MUMPS	MMR	04/01/2013	1	9-6	114	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS		

**STEP 3**

Check to make sure the “**Funding Program**” is correct. If the vaccine was administered to a VFC-eligible patient, you are required to specify the “**Funding Program**” from the drop-down menu. Most VFC Private Providers will only have the option to select “**VFC/PED.**”

**NOTE:** If this was a privately-purchased vaccine, leave this field as —Select— and continue.

**STEP 4**

Once you have selected the “**Funding Program,**” you will be required to select the patient’s “**VFC Eligibility**” as it applies to this vaccination.

**STEP 5**

Upon choosing of the “VFC Eligibility,” the “Manufacturer”, “Lot Number”, and “Expiration Date” fields all become required. Enter or make changes to these fields to correct the information.

**Change Vaccination Record**

Vaccine Type: \* VZV Vaccine Type Information

Injection Site: --- Select ---

Provider Org ID: \* TAMPA FAMILY HEALTH CENTERS

Imm Service Site: TAMPA FAM NEBRASKA

Funding Program: VFC/PED

VFC Eligibility: \* VFC ELIGIBLE-UNINSURED

Date Given: \* 06/28/2017

Injection Route: --- Select ---

Provider Person ID: BISHOPJ

**Vaccine Information Statements**

CDC Vaccine Information Statements (VIS)

VIS Recipient: Mother: SMITH, PAMELA      Type: VARICELLA \*      VIS Date: 03/13/2008

\* -- no change --

\* Yes  Consent for treatment given by VIS recipient

Manufacturer: MSD - MERCK & CO., INC. Make a choice

Lot Number: \* KF3444P0

Expiration Date: 09/20/2019

**STEP 6**

To save your changes, click **Next** in the lower left corner and then click on **Submit** in the upper left corner of the “Vaccination List.”

**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
- Requesting Florida SHOTS materials