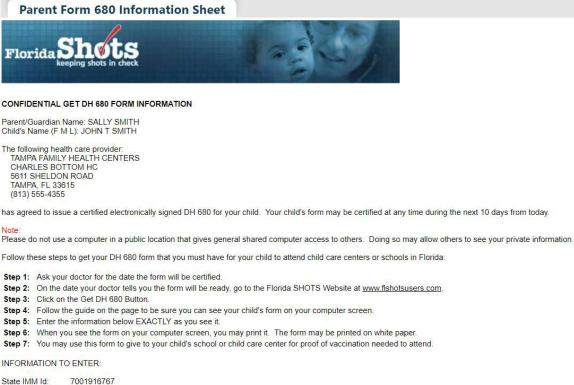
Creating A DH Form 680 And Parent Pin



1. OVERVIEW

Florida SHOTS allows healthcare providers to create a PIN that will be attached to a Certified (electronically signed) Certificate of Immunization (DH Form 680) and will allow parents and guardians to access the certified 680. The form is legal and valid in the state of Florida for admittance to schools and daycare facilities and may be printed on standard white paper.

Parents accessing the Certified Form 680 will be required to enter the Certification PIN and State IMM Id found on the information sheet their healthcare provider will give them. A PDF version of the form allows it to be printed or saved. Healthcare providers will have the options to create a PIN before creating a Certified (e-signed) Form 680; create both the PIN and the Certified 680 at the same time; or not create a PIN at all for a Certified 680.



State IMM Id: 7001916767 Certification PIN: LHHKK75MJ

2. CREATING A CERTIFIED (E-SIGNED) FORM 680 AND PIN

Creating a certified 680 and a PIN at the same time is quick and easy. Simply follow the steps detailed below:

- **Open** the patient's record in Florida SHOTS.
- Click on "Form 680" under the Form 680 header on the menu bar.
- The Form 680 page will open. Select the appropriate type of form:
 - Part A (K-6th Grade, DOE Code 1) For children entering kindergarten through 6th grade.
 - Part A (7-12th Grade, DOE Code 8) For children entering 7th through 12th grade.
 - Part B (Temporary Medical Exemption) For children who are up-to-date but still require immunizations for attending school or daycare. This needs an expiration date.
 - Part C (Permanent Medical Exemption) For children who are up-to-date but have a permanent medical reason for not receiving a specific vaccine.
 - **NOTE:** Part C may be issued in conjunction with a Part A or Part B. Both Part A & C, or B and C would be selected if you have a patient with a permanent medical exemption. Rarely, children may have a permanent medical exception to all vaccines and, in this case only a **Part C** is issued.

Submit	Form 680
Jser: FATIMA AVILES	Create a current Form 680
Task List Patients Search for Patient Redisplay Search Results Today's Patient List Search for Form 680 To-be Certified 6805 Release Patient Record Discard Updates Patient Information Patient Information Patient Information Patient Information Adverse Events Observations Adverse Events Observations Contact Attempts Exclude From Recall New Imm Satus Merge History Form 680 Form 680 Form 680 Form 680 Form 687 Form 687	Please Select the Type(s) of Florida Certificate of Immunization: Part A (K-6th Grade, DOE Code 1) Part A (7-12th Grade, DOE Code 8) Part-B (Temporary Medical Exemption) Expiration Date: Part-C (Permanent Medical Exemption) IMM Service Site:* -Select
Form 1478 (opt-out) Form 1478 (opt-out) Reports Immunization History Tools Clear Patient Token Religious Exemption	Certified (e-signed) 680s F4LBK S54P4N On 04/29/2020 by BEACH PEDIATRICS Part A(7-12th) View Decertify Show historical Certified (e-signed) 680s

- **IMM Service Site** This selection only appears if your organization has more than one service site. Select the correct site from the drop box.
- **Parent/Guardian Name** Choose which name should appear on the Form 680 (mother, father, or guardian).
- **Physician or Authorized Signature** Choose which immunization provider at your organization will be e-signing the Form 680.

NOTE: To Certify (e-sign) a Form 680 a provider <u>must</u> be selected.

- Create a parent access PIN to enable the parent to retrieve the Certified (e-signed) Form 680 from their own computer – This box will automatically be checked if you choose to certify the Form 680.
 - **NOTE:** If a healthcare provider wishes to create a Certified Form 680, but does **not** want to issue a PIN to the parent/guardian, <u>uncheck</u> the box. The parent will not be able to get the Form 680 from outside of the office, and the healthcare provider will have to print it in the office.

To finish creating both the Certified Form 680 and the parent PIN, click the **Create Current Form 680** button.

The completed **Form 680** will appear. Scroll to the bottom of the screen to choose to either **Certify (e-sign) & Print** or **Certify (e-sign) Only** by clicking on the appropriate button.

Certificate of Immunization for K-12 PART A DOE Code 8: Immunizations are complete for 7 th grade I have reviewed the records evaluable, and to the best of my knowledge, the above named child has been.	adequately immunized for school attendance as documented above.		
Physician or Clinic Name:	Physician or		
CHARLES BOTTOM HC	Authorized Signature:	MELISSA MOYERS	
5611 SHELDON ROAD	Electronic Certification:	TBD	
TAMPA, FL 33615	Date:	02/26/2018	
(813) 555-4355			
DH 680 7/10 Certify (e-sign) & Print			Certify (e-sign) Only

Once the provider has selected to either certify or certify and print, the completed DH Form 680 will appear. The certified form will show the embedded authorized signature, as well as a unique electronic certification number and the Florida SHOTS logo. The DH Form 680 is not certified by Florida SHOTS without this special logo and number The organization's information will also be shown, as well as the name of the user who issued (created) the DH Form 680. Two new options will appear at the bottom of the screen:

- Show Parent Get DH 680 Instructions This button will open the parent information sheet which should be printed and handed to the parent/guardian. To print, scroll to the bottom of the screen and click the "Print Parent Get DH 680 Instructions" button.
- **Download to Pdf File** This button will create a PDF version of the Certified Form 680 which can be printed directly onto white paper, as the Department of Health watermark is visible on the PDF document, making it a legal and valid form.

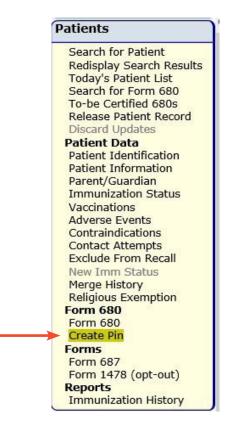
Certificate of Immunization for K-12 PARTA DOE Code 8. Immunizations are complete for 7 th grade I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as a	ocumented above.	
Physician or Clinic Name:	Physician or	
CHARLES BOTTOM HC	Authorized Signature:	MELISSA MOYERS
5611 SHELDON ROAD	Electronic Certification:	75NSHF7JQD4
TAMPA, FL 33615	Date:	02/26/2018
(813) 555-4355	Issued By:	KEENAN FARRAR
DH 680 7/10		FloridaShots
Show Parent Get DH 680 Instructions	Download to Pdf F	ile
Parent Form 680 Information Sheet		
FloridaShots		
keeping shots in check		
CONFIDENTIAL GET DH 680 FORM INFORMATION		
Parent/Guardian Name: SALLY SMITH		
Child's Name (F M L): JOHN T SMITH		
The following health care provider:		
TAMPA FAMILY HEALTH CENTERS		
CHARLES BOTTOM HC		
5611 SHELDON ROAD		
TAMPA, FL 33615		
(813) 555-4355		
has agreed to issue a certified electronically signed DH 680 for your child. Your child's form may be certified a	t any time during the next 10 d	ays from today.
Note:		
Please do not use a computer in a public location that gives general shared computer access to others. Doing	so may allow others to see yo	ur private information.
Follow these steps to get your DH 680 form that you must have for your child to attend child care centers or sc	hools in Florida:	
Step 1: Ask your doctor for the date the form will be certified.		
Step 2: On the date your doctor tells you the form will be ready, go to the Florida SHOTS Website at www.fls	hotsusers.com.	
Step 3: Click on the Get DH 680 Button.		
Step 4: Follow the guide on the page to be sure you can see your child's form on your computer screen.		
Step 5: Enter the information below EXACTLY as you see it.		
Step 6: When you see the form on your computer screen, you may print it. The form may be printed on white	a paper	
Step 7: You may use this form to give to your child's school or child care center for proof of vaccination need	eu lo allenu.	
INFORMATION TO ENTER:		
State IMM Id: 7001916767		
Certification PIN: LHHKK75MJ		

If the parent should lose the Information Sheet you may print out another copy by opening the patient's record in Florida SHOTS, navigating to the Form 680 page, and clicking **"View"** on any previously Certified 680 where a Parent PIN was attached. At the bottom of the 680 the options to show (and then print) the parent information sheet and download the 680 in PDF format will be displayed as they were when the 680 was initially certified.

3. CREATING A PIN ONLY

You may choose to create the PIN while the parent is in the office so the instruction sheet may be handed to them, but may not have time to update and create the Form 680 at the time of the visit. Follow the steps listed below to create a PIN:

- Open the patient's record in Florida SHOTS.
- On the menu bar select "Create Pin" located under the Form 680 header.



The "CREATE FORM 680 CERTIFICATION PIN" page will open. The following information is found on this page:

- Patient Name The patient name will automatically appear.
- **Parent/Guardian Name** The parent or guardian on record will appear. If no parent/guardian name exists in the child's record the following notice will appear and prompt a parent or guardian name to be added:

Notice	
Before	a Form 680 Certification Pin can be created, a parent or guardian name must be added to the patient record
	Go to the ' <u>Parent/Guardian Information' page</u> (or click on the Parent/Guardian menu link). Enter the Mother, Father, and/or Guardian name of the patient.
	Click the 'Next' button.
4.	Click the 'Submit' button to update the patient record.
5.	Return to the 'Create Form 680 Certification Pin' page by clicking on the 'Create Pin' menu item.

- Certification Pin This will not appear until you have created the PIN.
- Created This date will be the date the PIN is created.
- Will be deleted on When creating a PIN before you have created a Certified Form 680, you will have 10 days to create and certify the form. If you do not create a Certified 680 the PIN will be deleted on the date shown here.
- Site If your organization has more than one service site, you must select the patient's primary service location from the drop box.

To create the PIN, click the "Create Certification Pin" button.

The top half of the page will now be completely filled in. The provider will have the following three options:

Patient Name (F M L):	JOHN T SMITH
Parent/Guardian Name (F L):	SALLY SMITH
Certification Pin:	67F6PW6FG
Created:	02/26/2018 08:15
Will be deleted on:	03/08/2018 if not used on a Certified (e-signed) Form 680
Site: *	CHARLES BOTTOM HC
Change site Delete Ce * Asterisk indicates a required	rtification Pin Print Parent Get DH 680 Instructions

- **Change site** This button will only be active if you choose a different site from the drop box. Once you have selected the site you wish to replace the previously recorded site with, click this button to save the new site.
- Delete Certification Pin This button will delete the PIN that has been created.
- Print Parent Get DH 680 Instructions This button will print the instructions including the two pieces of information a parent will need to have ("State IMM Id" and "Certification PIN") in order to retrieve and print (or save) their child's Form 680 from home. Print this page and hand it to the parent.

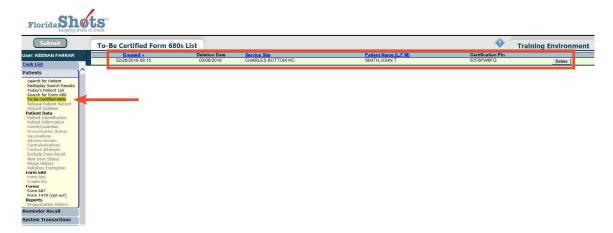
The information sheet may be printed again from the **"Create Pin"** page until it has been attached to a certified 680. (See note below.)

Create Form 680	Certification PIN
Patient Name (F M L):	JOHN T SMITH
Parent/Guardian Name (F L):	SALLY SMITH
Certification Pin:	67F6PW6FG
Created:	02/26/2018 08:15
Will be deleted on:	03/08/2018 if not used on a Certified (e-signed) Form 680
Site: *	* CHARLES BOTTOM HC
Change site Delete Ce	ertification Pin Print Parent Get DH 680 Instructions
* Asterisk indicates a required	field
ONFIDENTIAL GET DH 680 FO	IRM INFORMATION
arent/Guardian Name: SALLY SI hild's Name (F M L): JOHN T SM	
he following health care provider: TAMPA FAMILY HEALTH CEN CHARLES BOTTOM HC	
5611 SHELDON ROAD TAMPA, FL 33615 (813) 397-5320	
TAMPA, FL 33615 (813) 397-5320	ctronically signed DH 680 for your child. Your child's form may be certified at any time during the next 10 days from today.
TAMPA, FL 33615 (813) 397-5320 as agreed to issue a certified electore:	ctronically signed DH 680 for your child. Your child's form may be certified at any time during the next 10 days from today.

You must login to Florida SHOTS and create a Certified (e-signed) Form 680 within 10 days of creating the PIN to keep the PIN from being deleted.

4. TO-BE CERTIFIED LIST

When a user who has the ability to create certified Form 680s logs into Florida SHOTS they will be directed to the "**To-Be Certified List**" page if there are any patients who have PINs assigned, but have not yet had a Certified 680 created. The user may choose to delete the PIN by clicking on the **Delete** button or they may open the patient record and certify the Form 680 by clicking on the patient's name.



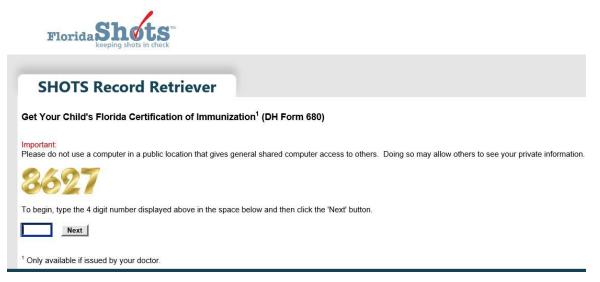
Once the user has navigated away from this screen they can return at any time to view their list of patients in need of a Certified 680 by clicking on the **"To-be Certified 680s"** link located under the **Patients** header on the menu bar.

5. HOW PARENTS/GUARDIANS WILL GET THE CERTIFIED FORM 680

Parents or guardians may get and print the Certified Form 680s by visiting the Florida SHOTS website at www.flshots.com. On the website homepage the parent will need to follow the instructions below to get their child's Certified 680.

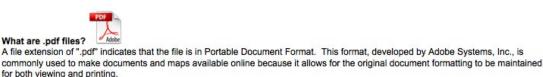
- Click on the "Parents & Schools" tab.
- Click on "Get Started" button.
- Click on "Retrieve Your Child's DH Form 680" button
- Enter the State IMM Id exactly as it is printed on the "Get DH 680 Form Information" sheet.
- Enter the Certification PIN exactly as it is printed on the "Get DH 680 Form Information" sheet.
- Click on the **Retrieve Form** button.

Upon clicking on "**Retrieve Your Child's DH Form 680**" button, parents and guardians will be taken to the SHOTS Records Retrieval page and must enter the code displayed.



Parents will need Adobe Reader installed on their computer to be able to open the PDF version of the Certified 680. If the parent does not have Adobe Reader installed they may follow the instructions on the page and use the provided link before trying to get the form.





How to view .pdf files?

Viewing or downloading .pdf files requires that the Adobe® Reader® program is installed on your computer. The Adobe® Reader® program is free, and may be downloaded by going to the following site: http://get.adobe.com.80/reader/

¹ Only available if issued by your doctor.



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If parents encounter any errors, the error message(s) will be displayed between the **Certification PIN** field and the **Retrieve Form** button.



For a detailed explanation of any error encountered, parents may click the **"More Optional Instructions"** link to display a page explaining all error messages.

SHOTS Record Retriever						
Set DH Form 680 - Instructions						
What you may see on your screen and what it means:						
Enter 10 numbers.	The State IMM Id number was entered incorrectly. Carefully enter the number exactly as given to you by your health care provider.					
Only numbers are allowed. Do not use letters.	The State IMM Id number was entered incorrectly. Carefully enter the number exactly as given to you by your health care provider.					
Only letters and numbers are allowed. A combination of exactly nine letters and numbers must be entered.	The Certification PIN was entered incorrectly. Carefully enter the Certification PIN exactly as given to you by your health care provider. The Certification PIN is a combination of letters and numbers.					
The State IMM Id and/or the Certification PIN are invalid.	The State IMM Id or Certification PIN was entered incorrectly. Carefully enter the information exactly as it was given to you by your health care provider. The State IMM Id has only numbers and Certification PIN is both letters and numbers.					
The DH 680 Form has not yet been created by your health care provider.	Your DH 680 Form is not ready yet. If more than a day has gone by since you were told that you could get your form, please call your health care provider.					
The DH 680 Form could not be found for the information entered.	The State IMM Id or Certification PIN was entered incorrectly. Carefully enter the information exactly as it was given to you by your health care provider. The State IMM Id contains only numbers and the Certification PIN is both letters and numbers.					
The DH 680 Form has been decertified	Your health care provider has marked your DH 680 Form as incorrect and it is no longer available to you. Please contact your provider to find out what you need to do to get a new DH 680 Form					
The DH 680 Form cannot be provided because its Temporary Medical Exemption expired on	The DH 680 Form was given to you as a Temporary Medical Exemption with an expiration date. The form has expired and the DH 680 (Temporary Medical Exemption) Form can no longer be used. Please contact your health care provider to find out if more vaccinations and an updated DH 680 Form are now needed by your child.					
Too many unsuccessful attempts have been made.	To help protect your child's health care records, after entering incorrect information three times to get a DH 680 Form, you cannot try again for fifteen minutes because it is blocked. Please wait for fifteen minutes and try again.					
Javascript is not enabled in your browser. Javascript must be working for you to be able to retrieve the DH Form 680.	This page requires javascript to be working in your browser. The page has detected that javascript is disabled by your browser options settings or a script blocker is in use.					

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