# **Documenting Vaccines**



The documentation of administered or historical vaccines can either be electronically uploaded via an established connection with a compatible Electronic Health Record (EHR) software or manually entered in the Florida SHOTS patient record. This short guide will provide step-by-step instructions on how to enter administered and historical vaccines in the patient record.

## DOCUMENTING ADMINISTERED VACCINE

## 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.

| Florida   | Shots -   |   |                      |
|---|---|---|----------------------|
| Submit  | Patient Search  | 0 | Training Environment |
| User a KNUMA AVIE<br>Task List<br>Parak for Parket<br>Registry Starsh Re<br>They's Starsh Re<br>They's Starsh Re<br>They's Confide Gifts<br>Control Topics<br>Parket Information<br>Parket Information<br>Parket Information<br>Control Avies | Last Kamic: First Kamic: Dele of Birth:<br>or / State ID: OR<br>OR<br>OR<br>OR<br>OR<br>OR<br>Puters Id:<br>First Kamic: Dele of Birth:<br>OR<br>OR<br>OR<br>OR<br>OR<br>Puters Id:<br>First Kamic: Dele of Birth:<br>OR<br>OR<br>OR<br>OR<br>OR<br>Puters Id:<br>First Kamic: Dele of Birth:<br>OR<br>OR<br>OR<br>OR<br>Puters Id:<br>First Kamic: Dele of Birth:<br>OR<br>OR<br>OR<br>OR<br>OR<br>OR<br>Puters Id:<br>First Kamic: Dele of Birth:<br>OR<br>OR<br>OR<br>OR<br>OR<br>Puters Id:<br>First Kamic: Dele of Birth:<br>OR<br>OR<br>Puters Id:<br>First Kamic: Dele of Birth:<br>OR<br>OR<br>Puters Id:<br>First Kamic: Dele of Birth:<br>Dele of |   |                      |
| New Jonn Status<br>Merge History<br>Form 680<br>Croate Pin<br>Forms<br>Forms 627<br>Reports<br>Immunitation Histor<br>Test<br>Castlepises Examption<br>Religious Examption<br>Religious Examption<br>Vaccine Education                        |   |   |                      |

## STEP 3

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

| User: FATIMA AVILES  | Sort by: | Antigen         | Vaccine       | ODate (           | Given                 |                          |                 |               |         |
|--|----------|-----------------|---------------|-------------------|-----------------------|--------------------------|-----------------|---------------|---------|
| Task List<br>Patients  | Antigen  | Vaccine<br>Type | Date<br>Given | Dose/<br>Interval | Age Yr-Mo/<br>in Days | Total Mos/<br>Adv Event? | Provider/Person | Source        | Delete: |
| Search for Patient<br>Redisplay Search Results<br>Today's Patient List | HEP B    | HEP B PED       | 11/15/2008    | 1                 | 1-5<br>529            | 17<br>N                  |                 | BEACH MEDICAL |         |
| Search for Form 680<br>To-be Certified 680s                            | HEP B    | HEP B PED       | 01/10/2009    | 2<br>56           | 1-7<br>585            | 19<br>N                  |                 | BEACH MEDICAL |         |
| Release Patient Record<br>Discard Updates<br>Patient Data              | HEP B    | HEP B PED       | 07/05/2011    | 3<br>906          | 4-1<br>1491           | 49<br>N                  |                 | BEACH MEDICAL |         |
| Patient Identification<br>Patient Information                          | MEASLES  | MMRV            | 08/05/2008    | 1                 | 1-2<br>427            | 14<br>N                  |                 | BEACH MEDICAL |         |
| Parent/Guardian<br>Immunization Status                                 | MEASLES  | MMRV            | 11/15/2008    | 2<br>102          | 1-5<br>529            | 17<br>N                  |                 | BEACH MEDICAL |         |
| Adverse Events<br>Observations   | MUMPS    | MMRV            | 08/05/2008    | 1<br>0            | 1-2<br>427            | 14<br>N                  |                 | BEACH MEDICAL |         |
| Contact Attempts<br>Exclude From Recall<br>New Imm Status              | MUMPS    | MMRV            | 11/15/2008    | 2<br>102          | 1-5<br>529            | 17<br>N                  |                 | BEACH MEDICAL |         |
| Merge History<br>Forms   | POLIO    | IPV             | 11/15/2008    | 1<br>0            | 1-5<br>529            | 17<br>N                  |                 | BEACH MEDICAL |         |
| Form 680 (name only)<br>Form 680 (school entry)<br>Create Form 680 Pin | POLIO    | IPV             | 01/10/2009    | 2<br>56           | 1-7<br>585            | 19<br>N                  |                 | BEACH MEDICAL |         |
| Form 686 (Imm History)<br>Form 687 (Clinic Record)                     | POLIO    | IPV             | 07/05/2011    | 3<br>906          | 4-1<br>1491           | 49<br>N                  |                 | BEACH MEDICAL |         |
| Form 1478 (opt-out)<br>Reports<br>Tools                                | RUBELLA  | MMRV            | 08/05/2008    | 1                 | 1-2<br>427            | 14<br>N                  |                 | BEACH MEDICAL |         |
| Clear Patient Token<br>Religious Exemption                             | RUBELLA  | MMRV            | 11/15/2008    | 2<br>102          | 1-5<br>529            | 17<br>N                  |                 | BEACH MEDICAL |         |
| Religious Exemption<br>Reminder Recall                                 | VZV      | MMRV            | 08/05/2008    | 1                 | 1-2<br>427            | 14<br>N                  |                 | BEACH MEDICAL |         |
| System Transactions<br>Vaccine Inventory                               | VZV      | MMRV            | 11/15/2008    | 2<br>102          | 1-5<br>529            | 17<br>N                  |                 | BEACH MEDICAL |         |
| Assess Imm Levels<br>Reports   |          |                 |               |                   | _                     | 100                      |                 |               |         |
| Administration<br>Customer Support                                     |          |                 | Add a Vaccina | tion Recon        | d Add Hi              | storical Vaccin          | ation Records   |               |         |
| Meaningful Use<br>COVID-19   | Next     |                 |               |                   |                       |                          |                 |               |         |

## STEP 4

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

- **Vaccine Type:** Enter the type of vaccine the patient received. Vaccine Type Information hyperlink opens a table of Florida SHOTS vaccine types, the vaccine name, brand name, and manufacturer code to ensure correct Vaccine Type is selected.
- **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:** If your organization, or any of its sites, participates in one of the VFC ordering efforts, you will see the "**Funding Program**" menu. If you are administering vaccine from one of the listed Funding Programs, select that effort from the drop down menu. If you are using privately purchased vaccine, leave this box marked as "**Select**" and continue with recording your vaccine.
- VFC Eligibility: This field will only be visible if a VFC PIN and start date are recorded for your organization by Florida SHOTS and a VFC ordering effort is selected from the "Funding Program" menu. Specify the patient's eligibility for receiving VFC vaccine as it applies to this vaccination.
- VIS Recipient: Select the person receiving the VIS statements for this patient. Mother, father, guardian and patient names will be available when they are already in the patient record. If "Other" is selected, you will enter the name of the person receiving the form, as well as that person's relationship to the patient. If the relationship is mother, father, or guardian and the name entered is different than what is already on record, the user will be given the option to replace the current information with the new. This information will be included on the Form DH687, Clinic Record Card, along with whether or not this person also gave consent for treatment.
- VIS Date: Enter the date of the Vaccine Information Statement provided for this vaccination. Some combination vaccines may require multiple VIS publication dates. If a single VIS statement exists for combination vaccines, you will see a button labeled "Other VIS Options," which allows you to use either the separate statements or the combined statement. 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 receiving the statements, local policy on documentation of consent for treatment should be used. This information will be included on the Form DH687, Clinic Record Card, along with the name of the VIS recipient.
- Manufacturer, Lot Number & Expiration Date: These are required when the vaccination is VFC eligible and the date given is within the last 30 days; otherwise, these fields are optional. If manufacturer is selected, lot number is required. The expiration date can only be entered once a manufacturer is selected.

Remove the checkmark from "Add another vaccination record" if no other vaccines need to be recorded.

Click on the "Next" button.

| Add Vaccination Record   |   | Training Environment   |
|--|---|--|
| Barcode Scan:      Con ot trigger the reader unless the cursor is in this field.     Vaccine Type:      TDAP [CVX 115]      Vaccine Type:      LALEFT ARM     Provider Og 10:     EACH MEDICAL      Imm Servico Site:     SUNSET PEDS      Findinge Provider:     VFO/PED                          |   | Date Given: * 03/02/023<br>Injection Route:   M-HITRAMUSCULAR v<br>Provider Person ID: * ARCEL v |
| Funding Program:       VFCPED         VFC Eligibility:       VFC ELIGIBLE-UNINSURED         Manufacturer:       EHC - SANOFT PASTEOR         Lot Number:       VFCBAA         NDC:       49281-0460-05 v         Image: Special Conditions: 0       Image: Source of after "Next" button is cicked | Vaccine Information Statements<br>CDC Vaccine Information Statements (VIS)<br>VIS Recipient:<br>* TOAP * US Date:<br>* TOAP * 0006/2021<br>* TOAP * 0006/2021 | Expiration Date: 11/50/2023  |
| * Asterisk indicates a required field Next   | Return to Vaccination List  | Cancel   |

# STEP 5

Click on "Submit" to save the vaccination record.

|   |            | Antigen C       | Vaccine (     | Date Giv          | /en                   |                          |                        |               |        |
|---|------------|-----------------|---------------|-------------------|-----------------------|--------------------------|------------------------|---------------|--------|
| Task List Patients  | Antigen    | Vaccine<br>Type | Date<br>Given | Dose/<br>Interval | Age Yr-Mo/<br>in Days | Total Mos/<br>Adv Event? | Provider/Person        | Source        | Delete |
| Search for Patient<br>Redisplay Search Results<br>Today's Patient List    | DIPHTHERIA | TDAP            | 03/02/2023    | 1                 | 15-8<br>5749          | 188<br>N                 | BEACH MEDICAL<br>ARCEL | BEACH MEDICAL |        |
| Search for Form 680<br>To-be Certified 680s                               | HEP B      | HEP B PED       | 11/15/2008    | 1                 | 1-5<br>529            | 17<br>N                  |                        | BEACH MEDICAL |        |
| Release Patient Record<br>Discard Updates<br>Patient Data                 | HEP B      | HEP B PED       | 01/10/2009    | 2<br>56           | 1-7<br>585            | 19<br>N                  |                        | BEACH MEDICAL |        |
| Patient Identification<br>Patient Information                             | HEP B      | HEP B PED       | 07/05/2011    | 3<br>906          | 4-1<br>1491           | 49<br>N                  |                        | BEACH MEDICAL |        |
| Parent/Guardian<br>Immunization Status<br>Vaccinations                    | MEASLES    | MMRV            | 08/05/2008    | 1<br>0            | 1-2<br>427            | 14<br>N                  |                        | BEACH MEDICAL |        |
| Adverse Events<br>Observations  | MEASLES    | MMRV            | 11/15/2008    | 2<br>102          | 1-5<br>529            | 17<br>N                  |                        | BEACH MEDICAL |        |
| Contact Attempts<br>Exclude From Recall<br>New Imm Status                 | MUMPS      | MMRV            | 08/05/2008    | 1                 | 1-2<br>427            | 14<br>N                  |                        | BEACH MEDICAL |        |
| Merge History<br>Forms<br>Form 680 (name only)                            | MUMPS      | MMRV            | 11/15/2008    | 2<br>102          | 1-5<br>529            | 17<br>N                  |                        | BEACH MEDICAL |        |
| Form 680 (name only)<br>Form 680 (school entry)<br>Create Form 680 Pin    |            | HPV9            | 11/10/2022    |                   | 15-5<br>5637          | 185<br>N                 |                        | BEACH MEDICAL |        |
| Form 686 (Imm History)<br>Form 687 (Clinic Record)<br>Form 1478 (opt-out) | PERTUSSIS  | TDAP            | 03/02/2023    | 1<br>0            | 15-8<br>5749          | 188<br>N                 | BEACH MEDICAL<br>ARCEL | BEACH MEDICAL |        |
| Reports<br>Tools  | POLIO      | IPV             | 11/15/2008    | 1                 | 1-5<br>529            | 17<br>N                  |                        | BEACH MEDICAL |        |
| Clear Patient Token<br>Religious Exemption<br>Religious Exemption         | POLIO      | IPV             | 01/10/2009    | 2<br>56           | 1-7<br>585            | 19<br>N                  |                        | BEACH MEDICAL |        |
| Reminder Recall   | POLIO      | IPV             | 07/05/2011    | 3<br>906          | 4-1<br>1491           | 49<br>N                  |                        | BEACH MEDICAL |        |
| System Transactions<br>Vaccine Inventory                                  | RUBELLA    | MMRV            | 08/05/2008    | 1<br>0            | 1-2<br>427            | 14<br>N                  |                        | BEACH MEDICAL |        |
| Assess Imm Levels<br>Reports  | RUBELLA    | MMRV            | 11/15/2008    | 2<br>102          | 1-5<br>529            | 17<br>N                  |                        | BEACH MEDICAL |        |
| Administration<br>Customer Support  | TETANUS    | TDAP            | 03/02/2023    | 1<br>0            | 15-8<br>5749          | 188<br>N                 | BEACH MEDICAL<br>ARCEL | BEACH MEDICAL |        |
| Meaningful Use<br>COVID-19  | VZV        | MMRV            | 08/05/2008    | 1                 | 1-2<br>427            | 14<br>N                  |                        | BEACH MEDICAL |        |
| Outbreak Reports VFC Re-enroll  | vzv        | MMRV            | 11/15/2008    | 2<br>102          | 1-5<br>529            | 17<br>N                  |                        | BEACH MEDICAL |        |

## **DOCUMENTING HISTORICAL VACCINE**

## 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 |
|--|--|---|----------------------|
| Untern FAVIMANUES<br>TATAL Lea<br>(Altanta<br>Marked Seach Reads<br>Park S | Lest Name: Dete of Birth:<br>OR State D: OR Patient M: Patient M: *Asternik indicates a required field * Dete de Barto Netas |   |                      |

## **STEP 3**

Select **"Vaccinations"** from the Florida SHOTS menu and click on the **"Add Historical Vaccination Records"** button.

| User: FATIMA AVILES  |          | Antigen         | Vaccine       | ODate             | 0                     |                          |                 |               |        |
|--|----------|-----------------|---------------|-------------------|-----------------------|--------------------------|-----------------|---------------|--------|
| Task List  | Sort by: |                 |               | 0 0000            | diren                 |                          |                 |               |        |
| Patients   | Antigen  | Vaccine<br>Type | Date<br>Given | Dose/<br>Interval | Age Yr-Mo/<br>in Days | Total Mos/<br>Adv Event? | Provider/Person | Source        | Delete |
| Search for Patient<br>Redisplay Search Results<br>Today's Patient List | HEP B    | HEP B PED       | 11/15/2008    | 1                 | 1-5<br>529            | 17<br>N                  |                 | BEACH MEDICAL |        |
| Search for Form 680<br>To-be Certified 680s                            | HEP B    | HEP B PED       | 01/10/2009    | 2<br>56           | 1-7<br>585            | 19<br>N                  |                 | BEACH MEDICAL |        |
| Release Patient Record<br>Discard Updates<br>Patient Data              | HEP B    | HEP B PED       | 07/05/2011    | 3<br>906          | 4-1<br>1491           | 49<br>N                  |                 | BEACH MEDICAL |        |
| Patient Identification<br>Patient Information                          | MEASLES  | MMRV            | 08/05/2008    | 1                 | 1-2<br>427            | 14<br>N                  |                 | BEACH MEDICAL |        |
| Parent/Guardian<br>Immunization Status                                 | MEASLES  | MMRV            | 11/15/2008    | 2<br>102          | 1-5<br>529            | 17<br>N                  |                 | BEACH MEDICAL |        |
| Adverse Events<br>Observations   | MUMPS    | MMRV            | 08/05/2008    | 1                 | 1-2<br>427            | 14<br>N                  |                 | BEACH MEDICAL |        |
| Contact Attempts<br>Exclude From Recall<br>New Imm Status              | MUMPS    | MMRV            | 11/15/2008    | 2<br>102          | 1-5<br>529            | 17<br>N                  |                 | BEACH MEDICAL |        |
| Merge History<br>Forms   | POLIO    | IPV             | 11/15/2008    | 1                 | 1-5<br>529            | 17<br>N                  |                 | BEACH MEDICAL |        |
| Form 680 (name only)<br>Form 680 (school entry)<br>Create Form 680 Pin | POLIO    | IPV             | 01/10/2009    | 2<br>56           | 1-7<br>585            | 19<br>N                  |                 | BEACH MEDICAL |        |
| Form 686 (Imm History)<br>Form 687 (Clinic Record)                     | POLIO    | IPV             | 07/05/2011    | 3<br>906          | 4-1<br>1491           | 49<br>N                  |                 | BEACH MEDICAL |        |
| Form 1478 (opt-out)<br>Reports<br>Tools                                | RUBELLA  | MMRV            | 08/05/2008    | 1                 | 1-2<br>427            | 14<br>N                  |                 | BEACH MEDICAL |        |
| Clear Patient Token<br>Religious Exemption                             | RUBELLA  | MMRV            | 11/15/2008    | 2                 | 1-5<br>529            | 17<br>N                  |                 | BEACH MEDICAL |        |
| Religious Exemption<br>Reminder Recall                                 | vzv      | MMRV            | 08/05/2008    | 1                 | 1-2<br>427            | 14<br>N                  |                 | BEACH MEDICAL |        |
| System Transactions<br>Vaccine Inventory                               | VZV      | MMRV            | 11/15/2008    | 2 102             | 1-5<br>529            | 17<br>N                  |                 | BEACH MEDICAL |        |
| Assess Imm Levels<br>Reports   |          | in the          | Add a Vaccina | tion Deco         | Add Hi                | storical Vaccin          | ation Records   |               |        |
| Administration<br>Customer Support                                     |          |                 | HUU a Vaccina | uon Reco          | Add Hi                | storical Vaccin          | auon Records    |               |        |
| Meaningful Use   | Next     |                 |               |                   |                       |                          |                 |               |        |

## STEP 4

In the **"Historical Shots"** page you can simultaneously enter several shots and will need to complete the following fields:

• **Vaccine Type:** Enter the type of vaccine the patient received. Vaccine Type Information hyperlink opens a table of Florida SHOTS vaccine types, the vaccine name, brand name, and manufacturer code to ensure correct Vaccine Type is selected.

• **Date Given:** Enter the date the vaccine was given. (*By clicking on the checkboxes next to the "Date Given" fields, you indicate that the vaccine was provided by your organization.*)

#### Click on the "Next" button.

| by Vaccine Type          | Date Given 1   | Date Given 2             | Date Given 3 | Date Given 4 | Date Given 5   |
|--------------------------|----------------|--------------------------|--------------|--------------|----------------|
| HPV9 [CVX 165]           | 11/10/2022     |                          |              |              |                |
| Select 🗸 🗸               |                |                          |              |              |                |
| Select 🗸                 |                |                          |              |              |                |
| Select 🗸 🗸               |                |                          |              |              |                |
| Select 🗸 🗸               |                |                          |              |              |                |
| by Date Given            | Vaccine Type 1 | Vaccine Type 2           | Vacci        | ne Type 3    | Vaccine Type 4 |
|                          | Select 🗸 🗸     | - Select                 | - Select     | × .          | - Select 🗸 🗸   |
|                          | Select 🗸 🗸     | - Select -               | - Select     | <b>v</b>     | - Select 🗸 🗸   |
|                          | Select 🗸 🗸     | Select                   | - Select     | × .          | - Select 🗸     |
|                          | - Select 🗸     | - Select                 | - Select     | <b>~</b>     | - Select 🗸     |
|                          | - Select 🗸     | Select                   | - Select     | <b>~</b>     | - Select 🗸     |
| Vaccine Type Information |                |                          |              |              |                |
| Next                     |                | Return to Vaccination Li |              |              | Ca             |

#### STEP 5

Click on "Submit" to save the vaccination record.

|   | Sort by: 🔍 | Antigen 🔿        | Vaccine C     | Date Gi           | ven                   |                          |                 |                |        |
|---|------------|------------------|---------------|-------------------|-----------------------|--------------------------|-----------------|----------------|--------|
| ask List<br>atients                             | Antigen    | Vaccine<br>Type  | Date<br>Given | Dose/<br>Interval | Age Yr-Mo/<br>in Days | Total Mos/<br>Adv Event? | Provider/Person | Source         | Delete |
| Search for Patient<br>Redisplay Search Results  | IPHTHERIA  | TDAP             | 03/02/2023    | 1                 | 15-8                  | 188                      |                 | BEACH MEDICAL  | 0      |
| Today's Patient List                            |            |                  |               | 0                 | 5749                  | N                        | ARCEL           |                | -      |
| Search for Form 680                             | IEP B      | HEP B PED        | 11/15/2008    | 1                 | 1-5                   | 17                       |                 | BEACH MEDICAL  | U      |
|   |            |                  |               | 0                 | 529                   | N                        |                 |                | _      |
| Discard Updates                                 | IEP B      | HEP B PED        | 01/10/2009    | 2                 | 1-7                   | 19                       |                 | BEACH MEDICAL  |        |
| Patient Data                                    |            |                  |               | 56                | 585                   | N                        |                 |                |        |
|   | HEP B      | HEP B PED        | 07/05/2011    | 3                 | 4-1                   | 49                       |                 | BEACH MEDICAL  |        |
| Patient Information                             |            |                  |               | 906               | 1491                  | N                        |                 |                |        |
| Parent/Guardian<br>Immunization Status          | AEASLES    | MMRV             | 08/05/2008    | 1                 | 1-2                   | 14                       |                 | BEACH MEDICAL  |        |
| Vaccinations                                    |            |                  |               | 0                 | 427                   | N                        |                 |                |        |
| Adverse Events N                                | MEASLES    | MMRV             | 11/15/2008    | 2                 | 1-5                   | 17                       |                 | BEACH MEDICAL  |        |
| Observations                                    |            |                  |               | 102               | 529                   | N                        |                 |                |        |
| Contact Attempts                                | IUMPS      | MMRV             | 08/05/2008    | 1                 | 1-2                   | 14                       |                 | BEACH MEDICAL  |        |
| Exclude From Recall                             |            | NUMBER OF STREET | 00/03/2000    | 0                 | 427                   | N                        |                 | DEAGITIMEDICAL | 0      |
|   | NUMPS      | MMRV             | 11/15/2008    | 2                 | 1-5                   | 17                       |                 | BEACH MEDICAL  |        |
| Forms   | NUMPS      | WIVING           | 11/15/2006    | 102               | 529                   | N                        |                 | DEACH MEDICAL  |        |
| Form 680 (name only)                            |            |                  |               | 102               |                       |                          |                 |                | 0      |
| Form 680 (school entry)                         |            | HPV9             | 11/10/2022    |                   | 15-5                  | 185                      |                 | BEACH MEDICAL  | U      |
| Create Form 680 Pin                             |            |                  |               |                   | 5637                  | N                        |                 |                |        |
| Form 686 (Imm History) Form 687 (Clinic Record) | PERTUSSIS  | TDAP             | 03/02/2023    | 1                 | 15-8                  | 188                      |                 | BEACH MEDICAL  |        |
| Form 1478 (opt-out)                             |            |                  |               | 0                 | 5749                  | N                        | ARCEL           |                |        |
| Reports   | POLIO      | IPV              | 11/15/2008    | 1                 | 1-5                   | 17                       |                 | BEACH MEDICAL  |        |
| Tools   |            |                  |               | 0                 | 529                   | N                        |                 |                |        |
| Clear Patient Token                             | POLIO      | IPV              | 01/10/2009    | 2                 | 1-7                   | 19                       |                 | BEACH MEDICAL  |        |
| Religious Exemption                             |            |                  |               | 56                | 585                   | N                        |                 |                |        |
| Religious Exemption                             | POLIO      | IPV              | 07/05/2011    | 3                 | 4-1                   | 49                       |                 | BEACH MEDICAL  |        |
| eminder Recall                                  |            |                  |               | 906               | 1491                  | N                        |                 |                |        |
| ystem Transactions                              | RUBELLA    | MMRV             | 08/05/2008    | 1                 | 1-2                   | 14                       |                 | BEACH MEDICAL  |        |
| accine Inventory                                | (ODEED)    |                  | 00.0012000    | 0                 | 427                   | N                        |                 | DEMONTRIEDIONE | -      |
| ssess Imm Levels                                | UBELLA     | MMRV             | 11/15/2008    | 2                 | 1-5                   | 17                       |                 | BEACH MEDICAL  |        |
| eports  | ODELEA     | IN IN I VI       | 11/13/2000    | 102               | 529                   | N                        |                 | DEAGITIMEDICAL | 0      |
| dministration                                   | ETANUS     | TDAP             | 03/02/2023    | 1                 | 15-8                  | 188                      |                 | BEACH MEDICAL  |        |
| ustomer Support                                 | ETANUS     | TDAP             | 03/02/2023    | 0                 | 5749                  | N                        | ARCEL           | BEACH MEDICAL  |        |
|   | -          |                  |               |                   |                       |                          | ARCEL           |                |        |
| OVID-19   | ZV         | MMRV             | 08/05/2008    | 1                 | 1-2                   | 14                       |                 | BEACH MEDICAL  | U      |
|   |            |                  |               | 0                 | 427                   | N                        |                 |                | _      |
|   | ZV         | MMRV             | 11/15/2008    | 2                 | 1-5                   | 17                       |                 | BEACH MEDICAL  |        |
| FC Re-enroll                                    |            |                  |               | 102               | 529                   | N                        |                 |                |        |
| ign out   |            |                  |               |                   |                       |                          |                 |                |        |

## 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