

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.

The screenshot shows the Florida SHOTS Patient Search interface. The left sidebar contains a menu with 'Patients' highlighted. The main area has search fields for Last Name, First Name, Date of Birth, and State ID. There are 'Search for Patient' and 'Reset Search Fields' buttons. A note at the bottom states '* Asterisk indicates a required field' and there is a 'Driver's license barcode scanning' icon.

STEP 3

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

The screenshot shows the Florida SHOTS Vaccination List interface. The left sidebar has 'Vaccinations' highlighted. The main area displays a table of vaccination records with columns for Antigen, Vaccine Type, Date Given, Dose/Interval, Age Yr-Mo/In Days, Total Mos/Adv Event?, Provider/Person, Source, and Delete?. At the bottom, there are buttons for 'Add a Vaccination Record' and 'Add Historical Vaccination Records'.

Antigen	Vaccine Type	Date Given	Dose/Interval	Age Yr-Mo/In Days	Total Mos/Adv Event?	Provider/Person	Source	Delete?
HEP B	HEP B PED	11/15/2008	1	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
			0	529	N			
HEP B	HEP B PED	01/10/2009	2	1-7	19		BEACH MEDICAL	<input type="checkbox"/>
			56	585	N			
HEP B	HEP B PED	07/05/2011	3	4-1	49		BEACH MEDICAL	<input type="checkbox"/>
			906	1491	N			
MEASLES	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
			0	427	N			
MEASLES	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
			102	529	N			
MUMPS	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
			0	427	N			
MUMPS	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
			102	529	N			
POLIO	IPV	11/15/2008	1	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
			0	529	N			
POLIO	IPV	01/10/2009	2	1-7	19		BEACH MEDICAL	<input type="checkbox"/>
			56	585	N			
POLIO	IPV	07/05/2011	3	4-1	49		BEACH MEDICAL	<input type="checkbox"/>
			906	1491	N			
RUBELLA	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
			0	427	N			
RUBELLA	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
			102	529	N			
VZV	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
			0	427	N			
VZV	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
			102	529	N			

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: < Do not trigger the reader unless the cursor is in this field.

Vaccine Type: **TDAP [CVX.115]** [Vaccine Type Information](#)

Injection Site: **LA-LEFT ARM**

Provider Org ID: **BEACH MEDICAL**

Imm Service Site: **SUNSET PEDS**

Funding Program: **VFC/PED**

VFC Eligibility: **VFC ELIGIBLE-UNINSURED**

Date Given: **03/02/2023**

Injection Route: **IM-INTRAMUSCULAR**

Provider Person ID: **ARCEL**

Vaccine Information Statements

[CDC Vaccine Information Statements \(VIS\)](#)

VIS Recipient: **SMITH, JUSTIN** Type: **TDAP** VIS Date: **08/06/2021**

* **Yes** Consent for treatment given by VIS recipient

Manufacturer: **Pfizer - SANOFI PASTEUR** Include inactive

Lot Number: **YFE9AA**

NDC: **49281-0400-05**

Expiration Date: **11/09/2023**

Special Conditions: 0

Add another vaccination record after "Next" button is clicked

* Asterisk indicates a required field

Next Return to Vaccination List Cancel

STEP 5

Click on “Submit” to save the vaccination record.

Submit Vaccination List

User: **FATIMA AVILES**

Sort by: Antigen Vaccine Date Given

Antigen	Vaccine Type	Date Given	Dose/Interval	Age Yr-Mo/In Days	Total Mos/Adv Event?	Provider/Person	Source	Delete?
DIPHTHERIA	TDAP	03/02/2023	1	15-8	188	BEACH MEDICAL	BEACH MEDICAL	<input type="checkbox"/>
			0		5749	ARCEL		
HEP B	HEP B PED	11/15/2008	1	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
			0		529			
HEP B	HEP B PED	01/10/2009	2	1-7	19		BEACH MEDICAL	<input type="checkbox"/>
			56		585			
HEP B	HEP B PED	07/05/2011	3	4-1	49		BEACH MEDICAL	<input type="checkbox"/>
			906		1491			
MEASLES	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
			0		427			
MEASLES	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
			102		529			
MUMPS	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
			0		427			
MUMPS	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
			102		529			
	HPV9	11/10/2022		15-5	185		BEACH MEDICAL	<input type="checkbox"/>
					5637			
PERTUSSIS	TDAP	03/02/2023	1	15-8	188	BEACH MEDICAL	BEACH MEDICAL	<input type="checkbox"/>
			0		5749	ARCEL		
POLIO	IPV	11/15/2008	1	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
			0		529			
POLIO	IPV	01/10/2009	2	1-7	19		BEACH MEDICAL	<input type="checkbox"/>
			56		585			
POLIO	IPV	07/05/2011	3	4-1	49		BEACH MEDICAL	<input type="checkbox"/>
			906		1491			
RUBELLA	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
			0		427			
RUBELLA	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
			102		529			
TETANUS	TDAP	03/02/2023	1	15-8	188	BEACH MEDICAL	BEACH MEDICAL	<input type="checkbox"/>
			0		5749	ARCEL		
VZV	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
			0		427			
VZV	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
			102		529			

[Add a Vaccination Record](#) [Add Historical Vaccination Records](#)

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.

STEP 3

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

Antigen	Vaccine Type	Date Given	Dose/Interval	Age Yr-Mo	Total Mos/Adv Event?	Provider/Person	Source	Delete?
HEP B	HEP B PED	11/15/2008	1	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
HEP B	HEP B PED	01/10/2009	2	1-7	19		BEACH MEDICAL	<input type="checkbox"/>
HEP B	HEP B PED	07/05/2011	3	4-1	49		BEACH MEDICAL	<input type="checkbox"/>
MEASLES	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
MEASLES	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
MUMPS	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
MUMPS	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
POLIO	IPV	11/15/2008	1	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
POLIO	IPV	01/10/2009	2	1-7	19		BEACH MEDICAL	<input type="checkbox"/>
POLIO	IPV	07/05/2011	3	4-1	49		BEACH MEDICAL	<input type="checkbox"/>
RUBELLA	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
RUBELLA	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>
VZV	MMRV	08/05/2008	1	1-2	14		BEACH MEDICAL	<input type="checkbox"/>
VZV	MMRV	11/15/2008	2	1-5	17		BEACH MEDICAL	<input type="checkbox"/>

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.

STEP 5

Click on “Submit” to save the vaccination record.

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