

# Quick Tips For Full Access Accounts

JULY 10, 2023



## QUICK CONTENT FINDER

1. LOGGING IN	2
2. FORGOTTEN PASSWORD	3
3. FUNCTIONS AVAILABLE ON THE MAIN MENU	4
4. ENTERING VACCINATIONS	5
5. DH FORM 680	8

## 1. LOGGING IN

### Login Screen:

- URL:  
<https://www.flshots.com/flshots/signin.csp>
- For quick access, add this URL to your **"Favorites"**
- Passwords must be entered *exactly* as they were created.
- Below your login information, you will see the Florida SHOTS **"Current Announcements."** It is important that you read these in order to stay current with all Florida SHOTS updates and system releases.

### How to Log In:

- **Organization Login ID (OLI):** The OLI is a unique identifier assigned to your organization by the Florida Department of Health (DOH). The OLI is not case sensitive.
  - **User Name:** The user name is a unique identifier that informs the system of the user's identity within their organization. DOH assigns the Local Org Administrator's user name, and then that administrator may add additional users. (Florida SHOTS will automatically create these user names, or the Local Org Administrator can create one.) The user name is not case sensitive.
  - **Password:** When your account is activated, DOH, or your Local Org Administrator, will provide you with a password to access the system.
  - For security purposes, you will be required to change this password upon logging in for the first time.
  - Passwords are case-sensitive, 10 to 30 characters long and contain at least 1 lower-case, 1 upper-case, 1 number and 1 special character. They cannot be any of the previous 3 passwords used, and must be kept confidential. They should be changed once every 90 days.
  - If you are unable to log in after entering your password twice, use the "Need Password Assistance?" function to reset it.
- After three failed login attempts, the account will be locked, and an administrator will need to unlock it. The local administrator will be able to unlock the individual accounts of staff members. However, if the local administrator is unavailable, or if the user is locked out, that person will need to reset their password or call the Florida SHOTS help desk directly to have their account unlocked.

## 2. FORGOTTEN PASSWORD

### Setting Security Questions:

Florida SHOTS allows you to reset your password by answering user-selected security questions. If you have not selected security questions and answers, you will be prompted to do so when you log into the system. To change these questions and answers later, select the **“Security Question Edit”** link from the **“Administration”** menu.

**Submit** **Security Question Edit**

User: KEENAN FARRAR

[Task List](#)

[Patients](#)

[Reminder Recall](#)

[System Transactions](#)

[Vaccine Inventory](#)

[Assess Imm Levels](#)

[Reports](#)

**Administration**

[Change Password](#)

[Security Question Edit](#)

[Organization Edit](#)

[Personnel List](#)

[Service Site List](#)

**Customer Support**

[VFC Re-enroll](#)

[Meaningful Use](#)

[Sign out](#)

Username: FARRARKX

Current Password: \*

Security question #1: \*  
 What is your city of birth?  
 What is your favorite pet's name?  
 What is your mother's maiden name?  
 What was the last high school you attended?  
 What was the make of your first car?

Answer: \* ..... ☐ Show answer

Security question #2: \*  
 What is your city of birth?  
 What is your favorite pet's name?  
 What is your mother's maiden name?  
 What was the last high school you attended?  
 What was the make of your first car?

Answer: \* ..... ☐ Show answer

\* Asterisk indicates a required field

**Submit** **Cancel**

Once questions and answers are on file, if you forget your password, click the **“Need Password Assistance?”** link on the login screen.

**Florida SHOTS Login**

Organization Login ID \*  
 lxm56840

User Name \*

Password \*

**Login** [Need Password Assistance?](#)

### Security Prompts:

You will be prompted to enter your Organization Login ID, User Name, and answer your security questions. If the questions are answered correctly, you will be allowed to reset your password. If the questions are not answered correctly after three attempts, your account will be locked and your Local Org Administrator, or the Florida SHOTS help desk, will need to unlock the account.

**Password Assistance**

**Forgot Your Password?**

To reset your password enter your organization's login id and your user name.  
 When you click the Submit button your security questions will be displayed.

If you provide the correct answers to the security questions you will be allowed to enter a new password.

Organization LoginID \*  
 User Name: \*

**Submit** **Back**

### 3. FUNCTIONS AVAILABLE ON THE MAIN MENU

Use the menu on the left side of the screen to perform various functions including accessing patient records, reminder recall, data transactions, inventory, running multiple reports, administration of your account, and customer support.

#### Menu Options:

- **Submit:** IMPORTANT – This button results in data being permanently stored on the central server. This button becomes active (yellow) once changes are made to a record, and allows users to save data after all required information is entered during the patient registration or update process.
- **Task List:** Information needing your attention in regards to your organization will be posted here. You will be notified upon logging in to Florida SHOTS if there are items in your task list. Patients: Search, complete, or update patient information (e.g., demographics, immunization, etc.), generate forms, and reports. When you are finished, always remember to release the patient record.
- **Reminder Recall:** Run reports and create labels for patients who are, or will be, due for immunizations within specified date ranges.
- **System Transactions:** Upload log reports for your organization and view transaction statistics to ensure data quality.
- **Vaccine Inventory:** VFC providers may view temperature logs, order vaccine through VFC, and make changes to inventory.
- **Assess Imm Levels:** Run reports used to evaluate immunization coverage levels for your organization.
- **Reports:** Create, view, print, and download various useful reports including Vaccine Utilization, Physical Inventory, and Immunization Statistics.
- **Administration:** Manually update your password or security questions/answers, and view organization details. For those users with administrative rights, you can add users within your facility, unlock passwords, manage user accounts, and update certain information about your organization.
- **Customer Support:** Find links to announcements, contacts, provide feedback, view the user guide, and access multiple training options.

**NOTE:** Every screen has a “**Help Text**” icon. Click on it to show or to hide helpful information about that page. For more information, click on the help text icon “?” at the top of the screen. You can click on it again to hide the text.

## 4. ENTERING VACCINATIONS

Once a patient is in Florida SHOTS, you are ready to add vaccinations to their record. Click the **“Vaccinations”** link on the left side menu. Choose one of these two options to add shots: **“Add a Vaccination Record”** or **“Add Historical Vaccination Records.”**

**Submit** **Vaccination List**

User: KEENAN FARRAR

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	PEDIARIX	11/13/2008	1	0-2	2		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
DIPHTHERIA	PEDIARIX	01/20/2009	2	0-4	4		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
DIPHTHERIA	PEDIARIX	03/15/2009	3	0-6	6		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
DIPHTHERIA	TDAP	07/23/2019	4	10-10	130	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
FLU	FLU QUAD PF	12/18/2018	1	10-3	123	ADAMESJ	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
HEP B	HEP B PED	09/12/2008	1	0-0	0		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
HEP B	PEDIARIX	11/13/2008	2	0-2	2		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
HEP B	PEDIARIX	01/20/2009	3	0-4	4		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
HEP B	PEDIARIX	03/15/2009	4	0-6	6		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
HIB	HIB HBOC	11/13/2008	1	0-2	2		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
HIB	HIB HBOC	01/20/2009	2	0-4	4		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
HIB	HIB HBOC	03/15/2009	3	0-6	6		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
MEASLES	MMR	10/12/2009	1	1-1	13		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
MEASLES	MMR	09/14/2012	2	4-0	48		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>
MUMPS	MMR	10/12/2009	1	1-1	13		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>

### Option 1: “Add a Vaccination Record”

(Required for VFC Participants)

All VFC administered vaccines must be entered into Florida SHOTS. To meet VFC requirements, fill in all of the required information (highlighted in blue) on the **“Add a Vaccination Record”** page. Following this method to enter VFC information will allow you to manage your shot records and VFC inventory. Select **“Add a Vaccination Record.”** The system will display the **“Add Vaccination Record”** page, equipped with pull-down lists that include all required vaccine information. To display the selections, simply click the down arrow next to each box.

**Add Vaccination Record**

Vaccine Type:  Vaccine Type Information

Injection Site:  Injection Route:

Provider Org ID:  Provider Person ID:

Imm Service Site:

Funding Program:  VFC Eligibility:

Vaccine Information Statements

CDC Vaccine Information Statements (VIS)

VIS Recipient:  Type:  VIS Date:

\* ☐ Yes ☐ No ☐ Consent for treatment given by VIS recipient

Manufacturer:  Lot Number:  Expiration Date:

☒ Add another vaccination record after "Next" button is clicked

\* Asterisk indicates a required field

**Next**

- **Vaccine Type:** Enter the type of vaccine the patient received.
- **Date Given:** Enter the date, or if vaccine was given today, enter “T” and the current date will automatically populate.
- **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 and historical VIS information, click on the “CDC Vaccine Information Statements (VIS)” link found above “VIS Recipient,” or visit <http://www.cdc.gov/vaccines/hcp/vis/index.html>.

- **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.
- **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.
- **Injection Site:** This field records the specific place on the body where an immunization is administered.
- **Injection Route:** This field records the method used to administer the immunization. When Intranasal or Oral is selected, an **Injection Site** is not required.
- **Provider Org. ID:** The name of the organization administering the vaccination defaults to your practice. (If you are entering historical shots not administered at your practice, you must select **“Other”** from the drop-down menu.)
- **Provider Person ID:** This is a required field identifying the immunization provider who administered the vaccination at that facility.
- **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.
- **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.
- **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.
- **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.

## Option 2: “Add Historical Vaccination Records”

Once you’ve entered all vaccine information, remove the checkmark from the **“Add another vaccination record after Next” button is clicked** box if no other vaccines were administered, click **“Next”** and you will be returned to the “Vaccination List” screen where you must click **“Submit”** to save the vaccination record.

(Recommended When Entering Historical Records for Patients Who Have Received Vaccines from Other Providers)

We recommend that you use the option **“Add Historical Vaccination Records”** when you are entering shots for patients who’ve received vaccinations from other providers and those shots are not in Florida SHOTS. The **“Historical Shots”** screen lets you simultaneously enter several shots. Select a vaccine type, and then enter the dates in which that vaccine type was given. Additionally, you can select a date and then input all vaccines given on that date.

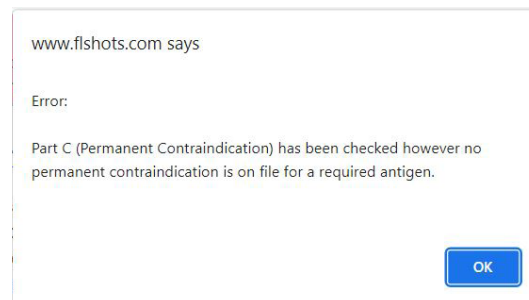
By clicking on the checkboxes next to the **“Date Given”** fields, you are indicating that the shot was provided by your organization. (**Do not click the checkbox if your organization did not give this particular shot**). Once you’ve entered all historical shots for a patient, or all fields have been filled on the page, click **“Next”** and you will be returned to the **“Vaccination List”** screen where you must click **“Submit”** or **“New Imm Status”** to evaluate and save the vaccinations.

If your organization is not listed as the patient’s Current Immunization Provider (CIP), while the record is being saved, you will be asked if your organization should become the CIP. If your practice is, in fact, taking over as the immunization provider for this patient, click **“OK”**. If you do not wish to be the CIP, click **“Cancel”**.

## 5. DH FORM 680

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

- **Search and 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. An observation needs to be documented in the patient's record for the vaccine(s) issuing the Part C for. Refer to the below **"Adding Observations"** guide on [flshotsusers.com](http://flshotsusers.com).



**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** Create a current Form 680

User: FATIMA AVILES

**Task List**

**Patients**

- 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
- Adverse Events
- Observations
- Contact Attempts
- Exclude From Recall
- New Imm Status
- Merge History
- Form 680**
- Form 680**
- Create Pin
- Forms**
- Form 687
- Form 1478 (opt-out)
- Reports**
- Immunization History
- Tools**
- Clear Patient Token
- Religious Exemption**
- Religious Exemption

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: \*

Please choose the parent/guardian name to show on the form:

\*  Parent/Guardian Name: \*

If creating a Certified (e-signed) Form 680:

☐ Show all certifiers

Physician or Authorized Signature:

\* Asterisk indicates a required field

Certified (e-signed) 680s

F4LBKS54P4N On 04/29/2020 by BEACH PEDIATRICS Part A(7-12th)

- **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 **must** 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, **uncheck** 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<sup>th</sup> 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 documented above.

Physician or Clinic Name:  
 CHARLES BOTTOM HC  
 5611 SHELDON ROAD  
 TAMPA, FL 33615  
 (813) 555-4355

Physician or Authorized Signature:  
 MELISSA MOYERS  
 Electronic Certification: TBD  
 Date: 02/26/2018

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**PART A. DOE Code 8: Immunizations are complete for 7<sup>th</sup> 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 documented above.

**Physician or Clinic Name:**

CHARLES BOTTOM HC  
5611 SHELDON ROAD  
TAMPA, FL 33615  
(813) 555-4355

**Physician or**

Authorized Signature: MELISSA MOYERS  
Electronic Certification: 75NSHF7JQD4  
Date: 02/26/2018  
Issued By: KEENAN FARRAR

DH 680 7/10

[Show Parent Get DH 680 Instructions](#)
[Download to Pdf File](#)
**Parent Form 680 Information Sheet****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 at any time during the next 10 days 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 your private information.

Follow these steps to get your DH 680 form that you must have for your child to attend child care centers or schools 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.flshotsusers.com](http://www.flshotsusers.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 paper.
- Step 7:** You may use this form to give to your child's school or child care center for proof of vaccination needed to attend.

**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.

**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