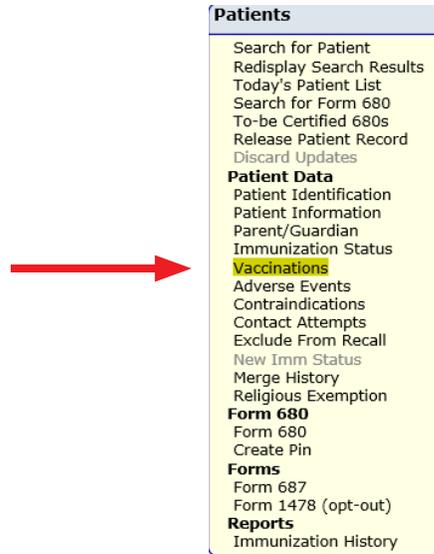


Editing Vaccine Records in Florida SHOTS



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

1. Click the “Vaccinations” menu item on the left.



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"/> Series <input type="radio"/> Vaccine <input type="radio"/> Date Given									
Vaccine Series	Vaccine Type	Date Given	Dose/Interval	Age Yr-Mo/ in Days	Total Mos/ Adv Event?	Provider/Person	Source	Delete?	
DTAP	DTAP-IPV	09/02/2015	4 2362	6-11 2546	83 N	TAMPA FAMILY HEALTH CENTERS JIMENEZJ	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
DTAP	PEDIARIX	11/14/2008	1 0	0-2 63	2 N	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
DTAP	PEDIARIX	01/15/2009	2 62	0-4 125	4 N	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
DTAP	PEDIARIX	03/15/2009	3 59	0-6 184	6 N	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
HEP B	HEP B PED	09/13/2008	1 0	0-0 1	0 N		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
HEP B	PEDIARIX	11/14/2008	2 62	0-2 63	2 N	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
HEP B	PEDIARIX	01/15/2009	3 62	0-4 125	4 N	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
HEP B	PEDIARIX	03/15/2009	4 59	0-6 184	6 N	TAMPA FAMILY HEALTH CENTERS	TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
HIB	HIB PRPOMP	01/13/2009	1 0	0-4 123	4 N		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	
HIB	HIB PRPOMP	11/13/2009	2 304	1-2 427	14 N		TAMPA FAMILY HEALTH CENTERS	<input type="checkbox"/>	

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.

The screenshot shows the 'Change Vaccination Record' form. The 'Funding Program' dropdown menu is highlighted with a red arrow pointing to it. The form includes fields for Vaccine Type (VZV), Injection Site, Provider Org ID (TAMPA FAMILY HEALTH CENTERS), Imm Service Site (TAMPA FAM NEBRASKA), Date Given (06/28/2017), Injection Route, and Provider Person ID (BISHOPJ). A 'Vaccine Information Statements' section is visible, containing fields for VIS Recipient (Mother: SMITH, PAMELA), Type (VARICELLA), and VIS Date (03/13/2008). There are also checkboxes for 'Include inactive' and a 'Record added' summary box at the bottom left.

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.

The screenshot shows the 'Change Vaccination Record' form with the 'Funding Program' set to 'VFC/PED'. The 'VFC Eligibility' dropdown menu is open, showing options: PRIVATELY INSURED, VFC ELIGIBLE-AMERICAN INDIAN/ALASKAN NATIVE, VFC ELIGIBLE-MEDICAID/MCO, VFC ELIGIBLE-UNDERINSURED, and VFC ELIGIBLE-UNINSURED. A red arrow points to this dropdown menu. The 'Vaccine Information Statements' section is also visible, showing the same VIS Recipient, Type, and Date as in the previous screenshot. The 'Record added' summary box at the bottom left is also present.

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 Trai

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. ←
Lot Number: * KF3444P0
Expiration Date: 09/20/2019

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 shot records
- Adding account administrators
- Unlocking Florida SHOTS accounts
- Questions about any Florida SHOTS features
- Reordering Florida SHOTS chart stickers, immunization schedule pads, or other registry materials