



Bureau of
Immunization



Florida SHOTS Parent Retrieval

Quick Tips Guide For Healthcare Provider Participants

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1. Overview

The Florida State Health Online Tracking System (FLSHOTS) is now offering parents a way to get and print their children's Certificates of Immunization (DH Form 680s) from their home computers.

Healthcare providers can now create a PIN that will be attached to a Certified (e-signed) Form 680 and will allow parents to access the Certified 680 from their home computers. 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.

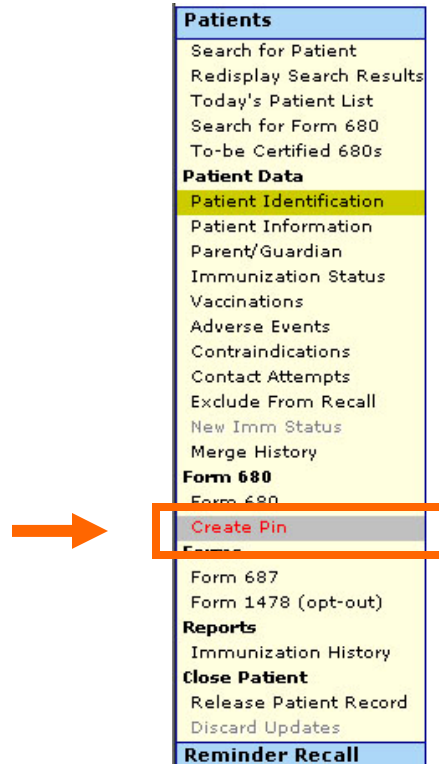
Parents accessing the Certified Form 680 from home will be required to enter the Certification PIN and State IMM Id found on the information sheet their healthcare provider will give them. A PDF version of the form allows it to be printed or saved.

2. Creating A PIN Only

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.

A provider 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. If a PIN is needed 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.

1. Go to the ['Parent/Guardian Information' page](#) (or click on the Parent/Guardian menu link).
2. Enter the Mother, Father, and/or Guardian name of the patient.
3. 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 day 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 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.

CREATE FORM 680 CERTIFICATION PIN

[Show Help Text](#)

Patient Name: YOUNG CHILD

Parent/Guardian Name: MARY CHILD

Certification Pin: TBD

Created: TBD

Will be deleted on: TBD if not used on a Certified (e-signed) Form 680

Site: *

* Asterisk indicates a required field

- The top half of the page will now be completely filled in. The provider will have the following three options:
 - **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 on the 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 bottom half of the screen which is an information sheet for the parents/guardians. The instructions include 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. Providers should print this page and hand it to the parent.

Patient Name:	YOUNG CHILD
Parent/Guardian Name:	MARY CHILD
Certification Pin:	FKTKX873S
Created:	12/20/2010 14:23
Will be deleted on:	12/30/2010 if not used on a Certified (e-signed) Form 680
Site: *	<input type="text" value="JENS TEST DOCTOR MAIN SITE"/>

* Asterisk indicates a required field

**CONFIDENTIAL GET DH 680 FORM INFORMATION**

Parent/Guardian Name: MARY CHILD Child's Name: YOUNG CHILD

The following health care provider:
JENS TEST DOCTOR
JENS TEST DOCTOR MAIN SITE
1111 WHOVILLE LANE
WHOVILLE, FL 33333
(555) 783-3562

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.

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:

- Once the Parent Get DH 680 Instruction sheet has been printed and given to the parent the provider is done creating the PIN. The information sheet may be printed again from the 'Create Pin' page until it has been attached to a certified 680 (see note below).
- The provider 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.

When a provider opens a patient's record within the 10 day grace period and clicks on "Form 680" to create the Certified Form 680, the message below will appear on the Form 680 page, letting the provider know the PIN created earlier will be attached to the 680.

Create a current Form 680

Please Select the Type(s) of Florida Certificate of Immunization:

Part A (K-12 Requirements, Excluding 7th Grade)

Part A (7th Grade Requirements Only)

Part-B (Temporary Medical Exemption) Expiration Date:

Part-C (Permanent Medical Exemption)

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

	Last Name	First Name
* <input type="text" value="Mother"/> Parent/Guardian Name: *	<input type="text" value="SMITH"/>	<input type="text" value="CAROL"/>

If creating a Certified Form 680:

Physician or Authorized Signature: *

The parent access PIN created earlier and provided to the parent will be attached to the Form 680 when it is certified. This enables the parent to retrieve the Certified Form 680 from their own computer.

* Asterisk indicates a required field **No Certified Form 680s are on file for the patient**

Note: The option to show and print the associated parent information sheet will be found again at the bottom of the Form 680 when it has been certified as well as the option to download the certified Form 680 in pdf format. The PIN information sheet and download option can be seen at any time afterwards by re-visiting the patient's 680 page and viewing a stored certified 680 (see next section).

3. Creating a Certified (e-signed) Form 680 and PIN

Creating a certified 680 and a PIN at the same time is quick and easy. To accomplish this, 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-12 Requirements, Excluding 7th Grade)** – for children in grades kindergarten through 12th, excluding the 7th grade.
 - **Part A (7th Grade Requirements Only)** – for children entering 7th grade.
 - **Part B (Temporary Medical Exemption)** – for children who are up to date but still require immunizations for attending school. This needs an expiration date.
 - **Part C (Permanent Medical Exemption)** – This is for children who are up to date but have a permanent medical reason for not receiving a specific vaccine.

- **IMM Service Site** – this selection only appears if your organization has more than one service site. Select the correct site from the drop box.
- **Show SSN** - this box will automatically be checked for children with a social security number in their record. If you do **NOT** want the SSN to show, uncheck this 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 home 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 Certified (e-signed) 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 1: Immunizations are complete K-12 (Excluding 7th grade/Middle School requirements)
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:	Physician or
JENS TEST DOCTOR MAIN SITE	Authorized Signature: DR SEUSS
1111 WHOVILLE LANE	Electronic Certification: TBD
WHOVILLE, FL 33333	Date: 11/24/2010
(555) 783-3562	

DH 680 4/09

Certify (e-sign) & Print **Certify (e-sign) Only**

- Once the provider has selected to either certify or certify and print, 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.

Certificate of Immunization for K-12
PART A DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/Middle School requirements)
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:	Physician or
JEN TEST DOCTOR SITE 2	Authorized Signature: DR SEUSS
1235 MEDICAL WAY	Electronic Certification: T6FS545BNF9
TALLAHASSEE, FL 33333	Date: 11/24/2010
	Issued By: MISTER GRINCH

DH 680 4/09

Show Parent Get DH 680 Instructions **Download to Pdf File**

Florida Shots™

- 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.
- After providing the parent/guardian with the Information Sheet, the provider is done.

If the parent should lose the Information Sheet the provider 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.

Submit

FORM 680

Show Help Text

Patients
Search for Patient
Redisplay Search Results
Today's Patient List
Search for Form 680
To-be Certified 680s
Patient Data
Patient Identification
Patient Information
Parent/Guardian
Immunization Status
Vaccinations
Adverse Events
Contraindications
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
Close Patient
Release Patient Record
Discard Updates
Reminder Recall
Assess Imm Levels
Reports
Administration
Customer Support
Sign out



Create a current Form 680

Please Select the Type(s) of Florida Certificate of Immunization:

Part A (K-12 Requirements, Excluding 7th Grade)

Part A (7th Grade Requirements Only)

Part-B (Temporary Medical Exemption) Expiration Date:

Part-C (Permanent Medical Exemption)

IMM Service Site:*

Show SSN Show the patient's SSN on the Form 680

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

	Last Name	First Name
* <input type="text" value="Mother"/>	Parent/Guardian Name: * <input type="text" value="CHILD"/>	<input type="text" value="MARY"/>

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

Show all certifiers

Physician or Authorized Signature:

* Asterisk indicates a required field

MFT3JMB3FRW On 12/14/2010 by JENS TEST DOCTOR Part A(K-12)

4. User Permission Settings

In order for Florida SHOTS users to be able to certify (e-sign) and create Form 680s, the users must be setup appropriately in Florida SHOTS. Only designated administrators will have the ability to add personnel or change existing personnel's preferences. If your organization would like more than one administrator on your account, contact the Florida SHOTS Helpdesk (1-877-888-7468) to request administrator roles be applied to applicable personnel.

Administrators will login to Florida SHOTS and click on the **Administration** button located on the menu bar. When the drop down menu appears, the administrator will click on "Personnel List". A list of all active users will appear. To update or change information on an existing user, click on the user's name, or if adding new personnel, click on the **Add New Person** button.

PERSONNEL LIST Show Help Text

Authorized User/Personnel List
JENS TEST DOCTOR

Show Personnel: Active Inactive All

System User ID	Name	Title	Auth Level	IMM Provider	Start Date	End Date	Password Exp.	Locked	Role
SEUSS,DR		DOCTOR		Y	01/01/2010			N	
CINTEHAT	INTHEHAT,CAT	MEDICAL ASSISTANT	Full Access	N	11/23/2010		12/23/2010	N	Local Org Administrator
GRINCHM	GRINCH,MISTERFRONT OFFICE		Full Access	N	10/30/2010		12/24/2010	N	Local Org Staff



Once the Administrator has selected to add or modify a user the PERSONNEL MAINTENANCE page will be displayed. Follow the steps listed below to correctly set users' preferences:

PERSONNEL MAINTENANCE Show Help Text

Edit Authorized User/Personnel Information

First Name:*

Middle Name:

Last Name:*

Title:

Email Address:

National Provider Id:

Start Date:* End Date:

Immunization Provider:*

Certify Form 680:* Medical professional is authorized to e-sign a Form 680

Provider Person ID:* (Displays as Provider ID for adverse events and shots given)

Work Location: Site where the staff member usually works

System User:

- Both **First Name** and **Last Name** are required fields. The **Start Date** is also required and will be used as the earliest date vaccinations can be recorded as given by the user if they are listed as an Immunization Provider.
- **End Date** should only be added if a user is no longer working for the organization or should not have access to Florida SHOTS any longer.
- **Immunization Provider** is a drop box that allows the administrator to choose “Yes” or “No”. This should only be a “Yes” if the user physically administers immunizations to patients.
- **Certify Form 680** is another drop box that allows the administrator to choose “Yes” or “No”. This should only be a “Yes” if the user is able to sign their own name on Form 680s.
- **Work Location** is a drop box that will only be visible to organizations that have more than one service site. The service site chosen should be the primary site that the user works at.
- **System User** is a check box. If the personnel being added will **NOT** be logging into Florida SHOTS, do **NOT** check this box. This will allow the personnel to show as an Immunization Provider, but they will not have a System User Name or Password to gain access to Florida SHOTS. If the personnel **WILL** be logging into Florida SHOTS, click the box and the lower half of the screen will become active.

System Users Only

<p>System User ID:* <input type="text" value="SEUSSDX"/></p> <p>System Password:* <input type="password"/></p> <p>Authorization:* <input type="text" value="Full Access"/></p> <p>Role:* <input type="text" value="Local Org Staff"/></p> <p>Create Certified Form 680:* <input type="text" value="Yes"/> Is authorized to <u>create</u> a Certified (e-signed) Form 680 in Florida SHOTS</p>	<p>Expiration Date:* <input type="text" value="12/24/2010"/> (Login disabled as of this date)</p> <p>Confirm Password:* <input type="password"/></p> <p>Account Locked: <input type="checkbox"/></p> <p>Is a trainer: <input type="checkbox"/></p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

User must change password at next logon

* Asterisk indicates a required field

- **System User ID** is automatically generated, but may be changed if the administrator wishes to do so.
- **Expiration Date** will automatically populate.
- **System Password** will need to be added by the administrator. Enter the same password in the **Confirm Password** box.
- **Authorization** is a drop box. Administrator will need to set it to “Full Access” for the user to be able to login.

- **Role** is determined by the administrator, but most users will be set as Local Org Staff.
- **Create Certified Form 680** is a drop box that can be set to “Yes” or “No”. This should be set to “Yes” for any user who needs the ability to create and print a Certified Form 680. The user will be able to create a Certified Form 680 by selecting a name from the list of the organization’s certified providers, including their own, if the user also has the “Certify Form 680” option set to ‘yes’ as noted above.
- When the administrator has correctly set the user’s permissions they will click on the **Submit** button to save changes.

5. 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.

The screenshot shows the Florida State Health Online Tracking System interface. The main heading is "State Health Online Tracking System" with the "FloridaShots" logo and the tagline "Keeping Shots In Check". Below the heading is a "Submit" button and the title "TO-BE CERTIFIED FORM 680S LIST". A "Show Help Text" link is also present.

The left sidebar contains a navigation menu with the following sections:

- Patients**
 - Search for Patient
 - Redisplay Search Results
 - Today's Patient List
 - Search for Form 680
 - To-be Certified 680s** (highlighted with an orange arrow)
- Patient Data**
 - Patient Identification
 - Patient Information
 - Parent/Guardian
 - Immunization Status
 - Vaccinations
 - Adverse Events
 - Contraindications
 - 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
 - Close Patient

The main content area displays a table with the following columns: Created, Deletion Date, Service Site, Patient Name (L,F M), and Certification Pin. Each row includes a "Delete" button. The table data is as follows:

Created	Deletion Date	Service Site	Patient Name (L,F M)	Certification Pin	
11/23/2010 12:27	12/03/2010	JENS TEST DOCTOR MAIN SITE	SMITH,SANDRA PM	2BKGS9HK3	Delete
11/30/2010 09:47	12/10/2010	JENS TEST DOCTOR MAIN SITE	CHILD,YOUNG	TLK3RD4BW	Delete
11/30/2010 09:49	12/10/2010	JENS TEST DOCTOR MAIN SITE	CHILD,EXAMPLE	SM2NDS5P5R	Delete

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” tab located under the **Patients** header on the menu bar.

6. 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 click on the Get DH 680 button and be redirected to the “Get Your Child’s Florida Certification of Immunization (DH Form 680)” page. The parent will need to follow the instructions below to get their child’s Certified 680.

- 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.

Parents will need Adobe’s 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.



Get Your Child's Florida Certification of Immunization¹ (DH Form 680)

Important:

The DH Form 680 will be sent to your computer in .pdf file format. You must have Adobe® Reader® installed on your computer before you will be able to see and print the DH Form 680. **If you don't have Adobe® Reader® installed on your computer**, please click on the "Get Adobe® Reader®" link below and follow the installation instructions on adobe.com's site.

- Step 1:** Ask your health care provider for the State IMM Id and Certification PIN of your child's DH Form 680. This may already have been given to you by your provider on a piece of paper titled: "CONFIDENTIAL GET DH 680 FORM INFORMATION".
- Step 2:** Install Adobe® Reader® on your computer if it is not already installed.
- Step 3:** Enter the State IMM Id and Certification PIN given to you by your health care provider into the fields to the right.
- Step 4:** Click the "Retrieve Form" button.
- Step 5:** When your DH Form 680 is located it will be sent to your computer as a .pdf file. Your computer will give you the choice to save the file to your hard drive or to view it. When viewing the .pdf file using Adobe® Reader® you can print the DH Form 680 using your printer.

State IMM Id: *

Certification PIN: *

RETRIEVE FORM

[More Optional Instructions](#)

* Asterisk indicates a required field

Your child's DH 680 Form is now ready for use at child care centers and schools.



What are .pdf files?

A file extension of ".pdf" indicates that the file is in Portable Document Format. This format, developed by Adobe Systems, Inc., is commonly used to make documents and maps available online because it allows for the original document formatting to be maintained for both viewing and printing.

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://www.adobe.com/products/acrobat/readstep2.html>



¹ Only available if issued by your doctor.



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 Contact Webmaster: flshots@doh.state.fl.us
ImmunizeFlorida.org | [My Florida](#)



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

Get 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.