

**Florida SHOTS™**

# QUICK TIPS

## FOR FULL-ACCESS ACCOUNTS

### Contact Information

[www.flshots.com](http://www.flshots.com)

**Free help desk:**

877-888-SHOT (7468)

Monday – Friday, 8 A.M. to 5 P.M. Eastern

A complete user guide and Web-based training can be located under “**Customer Support**” from the registry’s sidebar menu. You may want to print out a copy of the user guide for easy reference. Free web-based training is available 24 hours a day.



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# 1. LOGGING IN

## Login Screen

- URL:  
<https://www.flshots.com/flshots/signin.csp>
- For quick access, add this URL to your “Favorites” within Internet Explorer.
- Passwords must be entered *exactly* as they were created. We recommend that passwords be created in all caps and that you keep your computer in CAPS LOCK at login.

Florida SHOTS  
keeping shots in check

Florida SHOTS  
The statewide immunization registry.

To find out more about this program read the immunization [registry fact sheet](#).

FLORIDA DEPARTMENT OF HEALTH

**Log into Florida SHOTS**

\*Organization LoginID

\*User Name

\*Password

[Forgot your password?](#)

Copyright ©2003 State of Florida | [Fact Sheet](#) | [Browser Requirements](#)

## How to Log In

- **Organization Login ID (OID):** The OID is a unique identifier assigned to your organization by the Florida Department of Health (DOH).
  - **User Name:** The user name is a unique alphanumeric identifier that informs the system of the user’s identity within the provider organization. DOH assigns the site administrator’s user name, and then the administrator may add or delete additional users. (Florida SHOTS will automatically create those IDs, or you can override the names with your own.)
  - **Password:** When your account is activated, DOH or your local administrator will provide you with a password to access the system.
- For security purposes, you will be required to change this password following initial access.
  - Passwords must be at least seven characters long, are case-sensitive, and must be kept confidential.
  - They should be changed once every 30 days.
  - If your password doesn’t work after you’ve tried to enter it twice, use the **“Forgot your password?”** 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 they have added to their organization’s account. However, if the local administrator on the account 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.

The screenshot shows the Florida SHOTS State Health Online Tracking System interface. On the left is a navigation menu with categories: Patients, Reminder Recall, Assess Imm Levels, Reports, Administration, Customer Support, and Sign out. Under Administration, the 'Security Question Edit' link is highlighted in yellow and pointed to by a red arrow. The main content area is titled 'SECURITY QUESTION EDIT' and shows the user's current information: Username: SMITHCL, Current Password: \*|, and two security questions. Each question has a list of options and an answer field. A note at the bottom states '\* Asterisk indicates a required field'. There are 'Submit' and 'Cancel' buttons at the bottom of the form.

### Forgotten Password Link

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

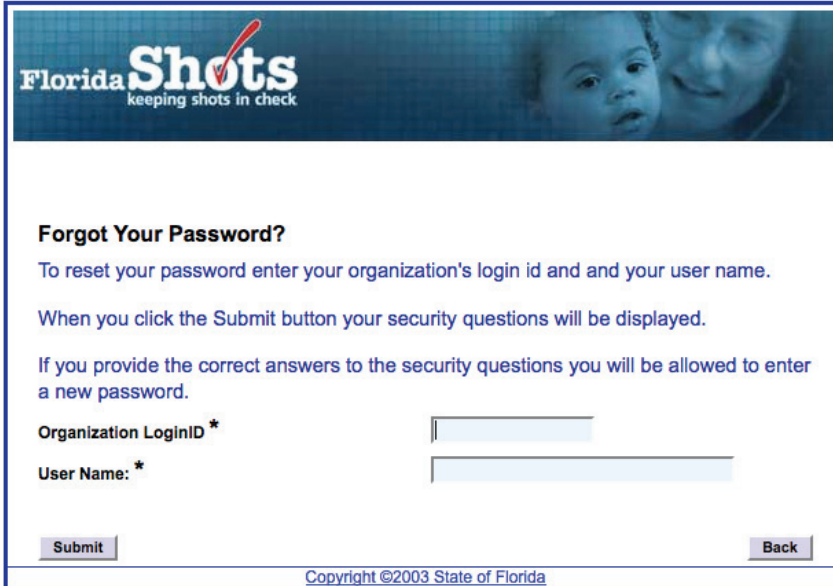
The screenshot shows the 'Log into Florida SHOTS' login screen. It features three input fields: '\* Organization LoginID', '\* User Name', and '\* Password'. Below the fields is a 'Login' button and a link labeled 'Forgot your password?'. The 'Forgot your password?' link is circled in red.

## 2. FORGOTTEN PASSWORD (cont.)

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### Security Prompts

You will be prompted to enter your organization logon ID and username and then 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 account administrator or the Florida SHOTS help desk will need to unlock the account.



The screenshot shows a web form for password recovery. At the top left is the Florida Shots logo with the tagline 'keeping shots in check'. The main heading is 'Forgot Your Password?'. Below this, there are three lines of instructional text: 'To reset your password enter your organization's login id and and your user name.', 'When you click the Submit button your security questions will be displayed.', and 'If you provide the correct answers to the security questions you will be allowed to enter a new password.' There are two input fields: 'Organization LoginID \*' and 'User Name: \*'. At the bottom left is a 'Submit' button and at the bottom right is a 'Back' button. The footer contains the text 'Copyright ©2003 State of Florida'.

**Florida Shots**  
keeping shots in check

**Forgot Your Password?**

To reset your password enter your organization's login id and 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: \*

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### 3. UNLOCKING AND RESETTING USERS (ADMINISTRATIVE USERS ONLY)

Occasionally, users may be locked out or their account may expire. Accounts can become locked after invalid login information is entered three times, and an account can expire if the user hasn't changed their password in over 30 days from the last time it was set or changed. Administrators may unlock these accounts through the "Personnel Maintenance" screen of the affected user(s). To get to a particular user's maintenance screen, simply click on the row with the user's name in the "Personnel List" screen, accessed by clicking on "Personnel List" in the Administration submenu. If a user is locked out, the "Account Locked" checkbox will be checked and must be unchecked prior to any further maintenance.

A user's password can be reset at any time by entering a new password and confirming the password.

**System Users Only**

System User ID:  Expiration Date:   
(Login disabled as of this date)

System Password:  Confirm Password:

Authorization:  **Account Locked:**

Role:  Is a trainer:

Create Certified Form 880:  Is authorized to create a Certified Form 880 in Florida SHOTS

User must change password at next logon

\* Asterisk indicates a required field

Changing a password will automatically renew a user's expiration date. After any of these changes are made, the administrator must click the "Submit" button to save the changes. The administrator can then verify that the changes have been made by checking the personnel list.

If a password has not been reset for 90 days (expired for 60 days), the system automatically changes the user's status to inactive. To reactivate the user, go to "Personnel List" and select the "All" radio button after "Show Personnel." Take out the end date for the user you are reactivating and assign a new password. (The user must change that password when they log in.)

**State Health Online Tracking System**

Florida Shots  
Keeping Shots in Check

PERSONNEL LIST  
Authorized User/Personnel List

Show Personnel:  Active  Inactive  **All**

System User ID	Name	Title	Auth Level	IMM Provider	Start Date	End Date	Password Exp.	Locked	Role
JCARRIGER	CARRIGER,JOY	Full Access	Y	09/01/2006	04/25/2009	N	Local Org Administrator		
SMITHCL	SMITH,CHRIS	Full Access	N	08/31/2006	04/08/2009	N	Local Org Administrator		
SMITHCL2	DOCTOR,BROWN	Full Access	Y	11/28/2006	03/09/2009	Y	Local Org Administrator		

## 4. ADDING AND DELETING PERSONNEL (ADMINISTRATIVE USERS ONLY)

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### Edit Contact Information

Administrative users can edit the contact information in the **“Organization Edit”** screen from the sidebar menu. If any information is incorrect, please send an email to Florida SHOTS staff ([FLSHOTSusers@doh.state.fl.us](mailto:FLSHOTSusers@doh.state.fl.us)). Once the **“Organization Edit”** link has been used, the **“Organization Maintenance”** screen will appear.



The local Florida SHOTS administrator is the individual(s) designated by the responsible authorized individual within the enrollment application as a participant in Florida SHOTS with authority to manage system access for other users within the organization. The administrator(s) displayed may or may not be the same as the responsible authorized individual. This person will be able to grant access to others within the facility as approved by the responsible authorized individual. Administrators can also click on any user to change their access information. From the **“Personnel List,”** administrators have the ability to add a new user or change the status and access of an existing user.

## 4. ADDING AND DELETING PERSONNEL (cont.)

### Adding New Users

[Show Help Text](#)

**PERSONNEL LIST**

**Authorized User/Personnel List**  
**TEST ORG**

System User ID▲	Name	Title	Auth Level	IMM Provider	Start Date	End Date	Password Exp.	Locked	Role
CARRIGERJ	CARRIGER,JOY		Full Access	N	07/02/2007		12/07/2007	N	Local Org Administrator
JOHNNLX	JOHN,NURSE	DOCTOR	Full Access	Y	07/26/2007		08/25/2007	N	Local Org Staff
SDOCTOR	DOCTOR,SMITH		Full Access	Y	06/29/2007		08/31/2007	N	Local Org Staff
SHAHPNX	SHAH,PRAKRUTI		Full Access	Y	07/02/2007		11/17/2007	N	Local Org Administrator
SHOTSDV	SHOTS,DOCTOR		Full Access	Y	08/23/2007		09/22/2007	N	Local Org Staff
SMITHNK	SMITH,NURSE	LPN	Full Access	Y	08/31/2007		09/30/2007	N	Local Org Staff

**Add New Person**

The “Add New Person” button within the “Personnel List” screen takes administrators to the “Personnel Maintenance” screen for creating a new system user. There, administrators can enter several key pieces of information regarding the new user to be added. The system administrator must have the user’s start prior to entry into the system. End dates are not required but should be added when a user leaves or no longer requires access to Florida SHOTS. The system will only accept an end date that is equal to or less than the password expiration date.

[Show Help Text](#)

**PERSONNEL MAINTENANCE**

**Edit Authorized User/Personnel Information**

First Name:\*

Middle Name:

Last Name:\*

Title:

National Provider Id:

Start Date:\*  End Date:

Immunization Provider:\*

Certify Form 680:\*   Medical professional is authorized to [sign](#) a Form 680

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

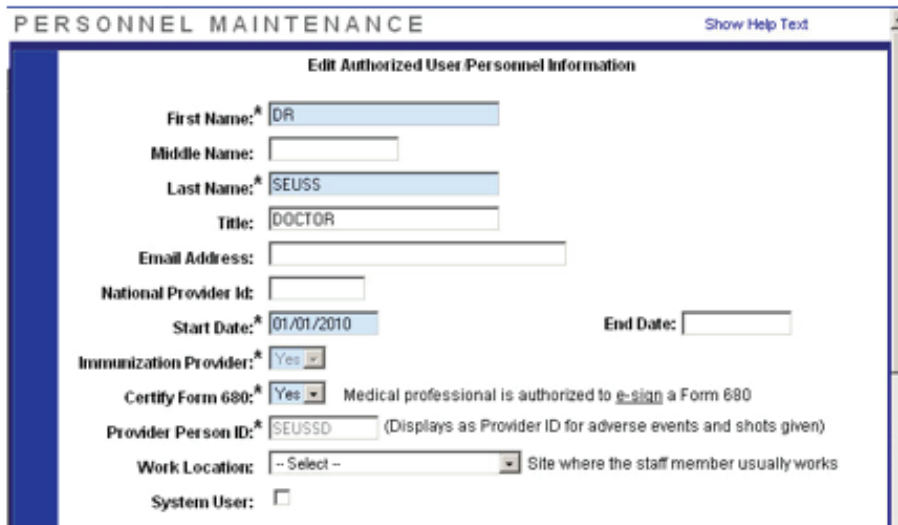
Work Location:   Site where the staff member usually works

System User:

## 4. ADDING AND DELETING PERSONNEL (cont.)

### Adding New Users cont.

Users who physically inject patients with vaccine should have a “Yes” in the **Immunization Provider** box. Users who do not provide immunizations should have a “No.” Any user who can legally sign their own name on the DH Form 680 should have a “Yes” in the **Certify Form 680** box. Users who cannot sign Form 680s should have a “No” in that box. The **Provider Person ID** is generated by the system for immunization providers only. This is a unique ID that cannot be changed once submitted. The **System User** box should only be checked for all users who will require access to Florida SHOTS. If the box is left unchecked the user will not be able to log into Florida SHOTS, but will appear on your organization’s list of immunization providers.



The screenshot displays a web application window titled "PERSONNEL MAINTENANCE" with a "Show Help Text" link in the top right corner. The main content area is titled "Edit Authorized User Personnel Information" and contains the following fields:

- First Name\*: DR
- Middle Name: (empty)
- Last Name\*: SEUSS
- Title: DOCTOR
- Email Address: (empty)
- National Provider Id: (empty)
- Start Date\*: 01/01/2010
- End Date: (empty)
- Immunization Provider\*: Yes
- Certify Form 680\*: Yes (Medical professional is authorized to e-sign a Form 680)
- Provider Person ID\*: SEUSSD (Displays as Provider ID for adverse events and shots given)
- Work Location: -- Select -- (Site where the staff member usually works)
- System User:

## 4. ADDING AND DELETING PERSONNEL (cont.)

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### Adding New Users cont.

Users that will require access to Florida SHOTS must have the following information included in their user account: **System User ID** is generated by the system, but can be changed by the administrator. **Expiration Date** is also generated by the system each time a new password is created. **System Password** must initially be set by the administrator. The password will need to be entered again in the **Confirm Password** box. **Authorization** must be set to “Full Access” for the user to have access to have Florida SHOTS. **Role** will be determined by the administrator, but the majority of users are set as “Local Org Staff.”

The screenshot shows a web form titled "System Users Only" for adding a new user. The form contains the following fields and options:

- System User ID:** Text input field containing "SEUSSDX".
- Expiration Date:** Text input field containing "12/24/2010". Below this field is the text "(Login disabled as of this date)".
- System Password:** Text input field.
- Confirm Password:** Text input field.
- Authorization:** Dropdown menu set to "Full Access".
- Account Locked:** Checkbox, currently unchecked.
- Role:** Dropdown menu set to "Local Org Staff".
- Is a trainer:** Checkbox, currently unchecked.
- Create Certified Form 680:** Dropdown menu set to "Yes". Below this is the text "Is authorized to create a Certified (e-signed) Form 680 in Florida SHOTS".
- User must change password at next logon:** Checked checkbox.

A note at the bottom left states: "\* Asterisk indicates a required field".

At the bottom of the form are three buttons: "Submit", "Return to Personnel Listing", and "Cancel".

## 5. FUNCTIONS AVAILABLE ON THE REGISTRY'S MAIN MENU

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Use the menu on the left side of the screen to perform various functions regarding your patients' records, administration of your account, running reports, extracts, and reminder recall, getting help with using Florida SHOTS, and providing feedback.

### 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 the data at any point during the patient registration or update process, after all required information is entered.
- **Patients:** Search, complete, or update patient information (e.g., demographics, immunization, etc.), generate forms, reports, and release the patient record.
- **Reminder Recall:** Run reports and create labels for patients who have or will be due for immunizations within specified date ranges or for certain vaccinations.
- **Assess Imm Levels:** Run reports and an extract 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, view organization details and, for users with administrative rights, add users within your facility, unlock passwords, manage user accounts, and update limited information about your organization.
- **Customer Support:** Access links to announcements, contacts, provider feedback, user guide, and Web-based training.

Note: Every screen has a help text toggle link. Click on it to show or to hide helpful information about how to complete that page.

## 6. ENTERING VACCINATIONS IN THE REGISTRY

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

**VACCINATION LIST** Show Help Text

Sort by:  Series  Vaccine  Date Given

Vaccine Series	Vaccine Type	Date Given	Dose/Interval	Age Yr Mo/ in Days	Total Mos/ Adv Event?	Provider/Person	Del?
DTAP	DTAP	02/05/2007	1 0	0-3 95	3 N		<input type="checkbox"/>
HIB	HIB PRP-T	06/27/2007	1 0	0-7 237	7 N	TESTVFC CARRIGERJ	
DTAP	PEDIARIX	05/01/2007	2 85	0-5 180	5 N	TESTVFC IMMUNIZATION	
HEP B	PEDIARIX	05/01/2007	1 0	0-5 180	5 N	TESTVFC IMMUNIZATION	
POLIO	PEDIARIX	05/01/2007	1 0	0-5 180	5 N	TESTVFC IMMUNIZATION	

Buttons: View, Change, Provider Contact Info, Add a Vaccination Record, Add Historical Vaccination Records, Next, Cancel

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

(Recommended for VFC Participants)

We recommend using this option if you are a VFC participant so that you can appropriately record VFC eligibility for each vaccination. (Filling in all of the information required on the **“Add a Vaccination Record”** screen meets VFC auditing requirements.)

Select **“Add a Vaccination Record.”** The system will display the **“Add Vaccination Record”** screen that is equipped with pull-down lists that are kept up-to-date with new vaccines added at the central registry. To display the selections, simply click the down arrow next to each box.

**ADD VACCINATION RECORD** Show Help Text

Vaccine Type: \* DTAP Date Given: \*

Vaccine Information Statements  
[CDC Vaccine Information Statements \(VIS\)](#) Type: VIS Date:  
 DTAP \*

VIS Recipient: \*

Consent for treatment given by VIS recipient

Injection Site:  Injection Route:

Provider Org ID: \* BUREAU OF IMMUNIZATION Provider Person ID: \*

VFC Eligibility: \*

**Program Component: \* 01 - STATE PROVIDED VACCINE**

Manufacturer:

Lot Number:

Add another vaccination record after “Next” button is clicked

\* Asterisk indicates a required field

Buttons: Next, Cancel

## 6. ENTERING VACCINATIONS IN THE REGISTRY (cont.)

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- **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 for each statement needed. If a single VIS statement is developed where multiple are needed currently, for a limited time you may see a button labeled “**Other VIS Options,**” allowing you to use either the separate statements or the newer combined statement. To view current and historical VIS information, please visit <http://www.cdc.gov/vaccines/pubs/vis/default.htm>.
- **VIS Recipient:** Select the person receiving the VIS statements for this patient. Mother, father, guardian and patient names will be available when present in the patient record. “**Other**” may be selected and you may 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 information. 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 that received 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. A complete list of locations and their associated acronyms available for selection can be found in Appendix B of the Florida SHOTS User’s Guide.
- **Injection Route:** This field records the method used to administer the immunization. A detailed list of available options can also be found in Appendix B of the Florida SHOTS User’s Guide. When Intranasal or Oral is selected, an Injection Site is not required.
- **Private Provider Org. ID:** The name of the practice 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.)
- **VFC Eligibility:** Specify the patient’s eligibility for receiving VFC vaccine as it applies to this vaccination. This field will not be displayed unless a VFC pin number and start date are recorded for your organization by Florida SHOTS staff.

## 6. ENTERING VACCINATIONS IN THE REGISTRY (cont.)

### Option 2: “Add Historical Vaccination Records”

(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 historical shots for patients who’ve received vaccinations from other providers and those shots aren’t yet in the registry. The “Historical Shots” screen lets you simultaneously enter several shots. Select a vaccine type, and then enter all the dates in which that vaccine type was given. Additionally, you can select a date and then all vaccines given on that date. (A capital “T” can be used to indicate today’s date.)

HISTORICAL SHOTS Show Help Text

Vaccine Type	Date Given1	Date Given2	Date Given3	Date Given4	Date Given5	
--Select--	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
--Select--	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
--Select--	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
--Select--	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
--Select--	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

Date Given	Vaccine Type1	Vaccine Type2	Vaccine Type3	Vaccine Type4	Vaccine Type5
<input type="text"/>	<input type="checkbox"/>	--Select--	--Select--	--Select--	--Select--
<input type="text"/>	<input type="checkbox"/>	--Select--	--Select--	--Select--	--Select--
<input type="text"/>	<input type="checkbox"/>	--Select--	--Select--	--Select--	--Select--
<input type="text"/>	<input type="checkbox"/>	--Select--	--Select--	--Select--	--Select--
<input type="text"/>	<input type="checkbox"/>	--Select--	--Select--	--Select--	--Select--

If you click on the checkboxes next to “Date Given,” you indicate 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, 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.

## 7. D.H. FORM 680 (FLORIDA CERTIFICATION OF IMMUNIZATION)

### Printing 680s

Use the “**Form 680**” link located in the left menu to view and print the D.H. Form 680 (blue forms). Once this link is clicked, the Florida Certification of Immunization selection criteria screen appears. You have the option to print the form in several different formats, according to the intended use of the form and status of the patient. NOTE: You may now print Form 680 on plain white paper. It no longer has to be printed on blue paper.

The screenshot shows the 'FORM 680' creation interface. On the left is a navigation menu with sections for 'Patients', 'Patient Data', and 'Forms'. The 'Forms' section is active, with 'Form 680' highlighted. The main content area is titled 'FORM 680' and includes a 'Submit' button and a 'Show Help Text' link. The form itself is titled 'Please Select the Type(s) of Florida Certificate of Immunization:' and contains several options: 'Part A (K-12 Requirements, Excluding 7th Grade)', 'Part A (7th Grade Requirements Only)', 'Part-B (Temporary Medical Exemption) Expiration Date:', and 'Part-C (Permanent Medical Exemption)'. Below these is an 'IMM Service Site:' dropdown menu. A 'Show SSN' checkbox is checked. The 'Please choose the parent/guardian name to show on the form:' section includes a 'Mother' dropdown, a 'Parent/Guardian Name:' field with 'TEST' in the 'Last Name' and 'MOM' in the 'First Name' boxes, and a 'Create Current Form 680' button.

### Electronically Certifying a Form 680

You may also be able to create an electronically certified form 680 if authorized by your local Florida SHOTS administrator. If authorized, select a name from the “Physician or Authorized Signature” drop-down list. The “Create Current Form 680” button will now appear as “Create Certified (e-signed) Form 680.” Click on it to proceed.

This screenshot shows the same 'FORM 680' creation interface as the previous one, but with additional information. At the top, the patient's name is 'CHILD, YOUNG', State IMM ID is '9905708796', and Status is 'Over Due'. The 'Physician or Authorized Signature:' dropdown menu is now populated with 'CHILD, MARY'. A red box highlights the 'Create Current Form 680' button, which has been replaced by 'Create Certified (e-signed) Form 680'. Below this button, there is a 'Show all certifiers' checkbox and a 'Show historical Certified (e-signed) 680s' button. The bottom of the screen shows a status bar with the text 'The Form 680 Menu page has been loaded' and 'Local intranet'.

## 7. D.H. FORM 680 (cont.)

The form 680 will appear. To complete the certification scroll to the bottom of the screen where you can choose one of two options:

- “Certify (e-sign) & Print”
- “Certify (e-sign) Only”

**Certificate of Immunization for K-12**  
**PART A** DOE Code 1: Immunizations are complete K-12 (Excluding 7<sup>th</sup> 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.*

<b>Physician or Clinic Name:</b> JENS TEST DOCTOR MAIN SITE 1111 WHOVILLE LANE WHOVILLE, FL 33333 (555) 783-3562	<b>Physician or Authorized Signature:</b> DR SEUSS <b>Electronic Certification:</b> TBD <b>Date:</b> 11/24/2010
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DH 680 4/09

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

When one of the two buttons has been selected the completed 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. A certified 680 form is not valid without this special number and logo.

**Certificate of Immunization for K-12**  
**PART A** DOE Code 1: Immunizations are complete K-12 (Excluding 7<sup>th</sup> 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.*

<b>Physician or Clinic Name:</b> JEN TEST DOCTOR SITE 2 1235 MEDICAL WAY TALLAHASSEE, FL 33333	<b>Physician or Authorized Signature:</b> DR SEUSS <b>Electronic Certification:</b> T6FS545BNF9 <b>Date:</b> 11/24/2010 <b>Issued By:</b> MISTER GRINCH
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DH 680 4/09

**Florida Shots™**

## 7. D.H. FORM 680 (cont.)

### Setting Preferences to Produce Certified 680s

Your local account administrator must select **“Personnel List”** under **“Administration”** in the left menu. On the **“Personnel Maintenance”** screen:

- Set up permissions for individuals whose names will be used to electronically sign the new 680 Forms (**“Certify Form 680”**).
- Set up permissions for users who will need access to issue the certified forms (**“Create Certified Form 680”**).

Once your office’s preferences are set, create a new certified 680 every time you update an immunization.

**PERSONNEL MAINTENANCE** Show Help Text

**Edit Authorized User Personnel Information**

First Name: NURSE  
Middle Name:  
Last Name: SHOTS  
Title:  
National Provider ID:  
Start Date: 05/01/2007 End Date:  
Immunization Provider: Yes  
Certify Form 680: Yes Medical professional is authorized to sign a Form 680  
Provider Person ID: SHOTSN (Displays as Provider ID for adverse events and shots given)  
Work Location: PED CARE EAST Site where the staff member usually works  
System User:

**System Users Only**

System User ID: SHOTSNX Expiration Date: 06/28/2007  
(Login disabled as of this date)  
System Password: Confirm Password:  
Authorization: Full Access Account Locked:   
Role: Local Org Staff Is a trainer:   
Create Certified Form 680: No Is authorized to create a Certified Form 680 in Florida SHOTS  
 User must change password at next logon

\* Asterisk indicates a required field

Submit Return to Personnel Listing Cancel