



Looking for
a faster way
to process
blue forms?

Florida **Shots**[™]
keeping shots in check

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The Electronic Signature Certified Form 680 Is Now Available Only From Florida SHOTS[™]

Wouldn't it be nice if you could process blue forms faster by eliminating the wait for a signature on the form? Now you can with the Florida SHOTS[™] certified electronic signature 680 form. The electronic signature 680 is now available and accessible to any healthcare provider or school enrolled in Florida SHOTS[™]. With just a few quick changes to your personnel list, your office can create and certify electronic 680s for your patients.¹

Benefits of Using Electronically Certified 680s

- Once created, the electronic signature 680 is kept in Florida SHOTS[™]. It contains all of the regular shot record information as well as certifying office information. (See screenshot "FLORIDA CERTIFICATION OF IMMUNIZATION.")
- It's easy to reprint a certified form if parents need an additional copy.
- Certified forms will be accessible directly to schools and other medical providers that are Florida SHOTS[™] participants.
- Florida SHOTS[™] participants can search for certified electronic signature 680 forms.
- You can search for all forms certified by your organization in a specific time.

How to Set Preferences to Produce Electronically Certified 680s

- Your local account administrator must update the personnel lists on the personnel maintenance page. (See screenshot "PERSONNEL MAINTENANCE.") This requires two steps:
 - (1) Set up permissions for individuals whose names will be used to electronically sign the new 680 Forms ("Certify Form 680").
 - (2) 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, you may create a new certified 680 every time you update an immunization.

Searching for Electronically Certified 680s

- Start searching for Form 680s using the new menu option in Florida SHOTS[™]. (See screenshot "SEARCH FOR FORM 680.")
- The search function defaults to 680s created by your office over the past 30 days.
- You can also search by patient name, certification identifier, certifier, immunization service site, or a different date range.

¹ The electronic signature 680 form still needs to be printed and provided to parents to present to schools or child care centers.



Questions? The help desk is available to assist you.
Call 877-888-SHOT (7468), Monday – Friday, 8 A.M. to 5 P.M. Eastern.

Certified Form 680 Screenshots

Florida Certification of Immunization

FLORIDA CERTIFICATION OF IMMUNIZATION
 Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rule 64D-3.046 Florida Administrative Code

PATIENT	ABC		05/06/2007
Last Name	First Name	MI	DOB
MOTHER PATIENT		9900001080	
Parent or Guardian	Child's SS# (optional)	State Immunization ID#	

Directions:
 * For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are updated annually and are available from the local county health department.

VACCINE	DOE CODE	Dose 1 MO/DAYR	Dose 2 MO/DAYR	Dose 3 MO/DAYR	Dose 4 MO/DAYR	Dose 5 MO/DAYR
DTaP/DTP	A	07/07/2007	09/09/2007	11/11/2007		
DT	B					
Td/Tdap	C					
					<i>Booster</i>	
Polio	D	07/07/2007	09/09/2007	11/11/2007		
HIB	E	07/07/2007	09/09/2007	11/11/2007		
MMR (Combined) (Separate)	F	06/06/2008				
	G,H	<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	
	I	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>			
Hepatitis B	J	07/07/2007	09/09/2007	11/11/2007		
Varicella	K	07/07/2008				
Varicella Disease	L					
		<i>Year</i>				
PneumoConju	N	07/07/2007	09/09/2007	11/11/2007	05/15/2008	

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 Authorized Signature:
BUREAU OF IMMUNIZATION	TEST DOCTOR
2585 MERCHANTS ROW BLVD	Electronic Certification:
TALLAHASSEE, FL 32399	DP86DSMQBP2
(850) 245-4342	Date:
	09/23/2008
	Issued By:
	JOY CARRIGER

Florida **Shots**TM

CERTIFYING OFFICE
INFORMATION

Certified Form 680 Screenshots

Personnel Maintenance

PERSONNEL MAINTENANCE Show Help Text

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:

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 680: Is authorized to create a Certified Form 680 in Florida SHOTS
 Form 680:
 User must change password at next login

* Asterisk indicates a required field

Search for Form 680

FLORIDA STATE HEALTH ONLINE TRACKING SYSTEM - Microsoft Internet Explorer

State Health Online Tracking System

SEARCH FOR FORM 680 Show Help Text

Search for certified Form 680: By patient (certified by any organization)
 By my organization only

Patient 680 Search Criteria

Last Name: First Name:
 Date of Birth: Sex:

My Organization 680 Search Criteria

Certification Identifier:
 Certification Date From: Thru:
 Certifier: All
 CARRIGER, JOY
 IMMUNIZATION, DOCTOR
 SHOTS, NURSE
 Immun Service Site: All
 PED CARE EAST
 PED CARE WEST