

# Bureau of Immunization Florida SHOTS Notification and Opt Out Form



<b>Information you should know about Florida SHOTS (State Health Online Tracking System)</b>	
<b>Florida SHOTS is:</b>	
<ul style="list-style-type: none"> <li>◆ The Department of Health Bureau of Immunization computer database system for storing shot records, and is allowed by Florida law (s. 381.003, F.S.). The secure system is only for doctors, nurses, schools and childcare centers that have applied and have been approved for secure access by the Department of Health. Florida SHOTS is used for updating shot records and for checking to see if a child has all the shots he or she needs. All children who were born on or after January 1, 2003 in Florida have a record in Florida SHOTS. Doctors and nurses who have been approved for secure access to Florida Shots will add other children's shot information into the system.</li> </ul>	
<b>Information in Florida SHOTS:</b>	
<ul style="list-style-type: none"> <li>◆ Child and parent's information such as name and address</li> <li>◆ Child's shot history, including the kind of shots and date given</li> </ul>	
<b>Information in Florida SHOTS will be used to:</b>	
<ul style="list-style-type: none"> <li>◆ Look up your child by checking information such as name and date of birth before shot data is entered</li> <li>◆ Make a reminder for shots that your child needs by age, shots already given and other information</li> <li>◆ Print legal forms (blue cards) needed for your child to go to school and child care centers</li> <li>◆ Help improve the number of children who get shots on time</li> </ul>	
<b>Florida SHOTS information MAY BE seen by:</b>	
<ul style="list-style-type: none"> <li>◆ Parents to make sure shot data is right</li> <li>◆ Your child's doctor or nurse if they have been approved for looking up and updating shot data</li> <li>◆ School and child care center staff who have been approved for looking up shot data</li> <li>◆ A few Department of Health staff who keep the system running and secure</li> </ul>	
<b>Having your child's shot information in Florida SHOTS means that</b>	
<ul style="list-style-type: none"> <li>◆ <b>Your doctor, nurse, school or child care center will be able to check your child's shot records quickly</b></li> <li>◆ <b>Your child's shot record may be more complete so your child is less likely to get more shots than needed</b></li> <li>◆ <b>You will be able to have a shot record printed quickly</b></li> </ul>	
<b>DO NOT DO ANYTHING IF YOU WANT YOUR CHILD'S SHOT RECORD TO BE TRACKED IN FLORIDA SHOTS BY YOUR DOCTOR, NURSE, SCHOOL OR CHILD CARE CENTER THAT HAVE APPROVED ACCESS.</b> <i>If you do not want your child's shot data tracked in Florida SHOTS, follow the steps below.</i>	

	<p><b><u>DO NOT DO ANYTHING IF YOU WANT YOUR CHILD'S SHOT RECORD TRACKED IN FLORIDA SHOTS.</u></b>  <b><u>IF YOU DO NOT WANT YOUR CHILD'S SHOT RECORD TO BE TRACKED in Florida SHOTS fill out this form and mail to the address below.</u></b></p> <ul style="list-style-type: none"> <li>◆ A separate form must be filled out for each child whose shot data you do not want tracked. If all information is not filled out, Department of Health staff may not be able to opt your child out.</li> <li>◆ <b>Mail to:</b> Florida Department of Health, Bureau of Immunization, 4052 Bald Cypress Way, Bin A-11, Tallahassee, FL 32399-1719. Phone toll free (877) 888-7468</li> </ul>		
<b>Your Child's Name:</b> Please Print			
	(Last)	(First)	(MI)
- - - Your Child's Social Security Number	/ / Mo/Day/Year Your Child's Date of Birth	M F Your Child's Sex (Circle One)	_____ State Immunization ID (If Available)
<b>Mother's Maiden Name:</b> _____		<b>Child's County of Residence:</b> _____	
- - - Mother's Social Security Number	( ) Requesting Parent's Phone Number	_____ Requesting Parent's Signature	_____ DATE
<p>By signing and mailing the above request, I understand that my child's immunization record will not be shared automatically by authorized Florida SHOTS users and will only be available to my child's physician. I understand that I may change my choice and INCLUDE my child or children in Florida SHOTS at any time by writing to the address above and providing the above identifying information for my child. I also understand that my child still needs immunizations for protection against dangerous vaccine-preventable diseases and that opt out from Florida SHOTS does not exempt my child from vaccinations required for child care and school attendance.</p>			

