Florida SHOTS[®] Documenting Vaccine Education Encounters

Contact Information

www.flshots.com

Free help desk: 877-888-SHOT (7468) Monday – Friday, 8 a.m. to 5 p.m. Eastern



OVERVIEW

Florida SHOTS allows County Health Department users to document "vaccine education encounters" with a parent/guardian requesting a Religious Exemption using Immunization Form (DH681). Documenting vaccine education encounters in Florida SHOTS indicates that the CHD designee conducting the education session has followed the prescribed DOH Immunization Section guidelines by providing the parent/guardian with the DH8005-DCHP-05/2019 Form, indicating all recommended vaccines.

2. Documenting Vaccine Education Encounter

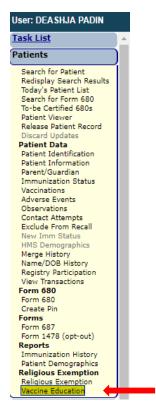
The new Vaccine Education Encounter functionality in Florida SHOTS is designed to keep a record of education given to a parent/guardian before a Religious Exemption, Immunization Form (DH681), is issued.

Step 1

Log in to Florida SHOTS. Search for your patient.

<u>Step 2</u>

To view the **Vaccine Education Encounter** page, click on **Vaccine Education**, located under the **Patients** Tab.



<u>Step 3</u>

This brings you to the Vaccine Education Encounter Maintenance page, where you can view the details of educational encounters previously provided. This page is also where you will record proof of a new vaccine education encounter.

	Encounter.	
Vaccine Education Encounter Maintenance		📀 Traini
	Encounter Date Attendee Name (L.F.M) Relationship Provider Staff Organization N No Vaccine Education Encounters are on file for this patient record. Image: Staff Staff <t< td=""><td>tame</td></t<>	tame
Submit		
Encounter Date:* 04/24/2019	Add a Vaccine Education Encounter-	Organization:* DADE CHD
Relationship to patient." - Select	First Name *	Middle Name
	Add Encounter Record	

* NOTE: Any Florida SHOTS user at a County Health Department may record the Vaccine Education

Step 4

Enter the date of the vaccine education encounter.

		Add a Vaccin
Encounter Date:*	04/24/2019	
Relationship to patient:*	Select V	
	Last Name *	
Attendee:*	F	
Provider:*	Select	•
		Add Encounter Record

Select the attendee's relationship to the patient. Then, fill in their Last and First Name as the • Attendee.

		Add a Vac	cine Education Encounter
Encounter Date:*			
Relationship to patient:*		-	
	Last Name *		First Name *
Attendee:*	DEFG		ABC
Provider:*	OTHER (specify)	T	
	PADIN		DEASHJA
		Add Encounter Record	Cancel Encounter Record

• In the **Provider** drop-down menu, select the name of the individual who provided the educational encounter. If this individual is NOT listed, select **Other**. With this, you will be given two text boxes to type in the individuals Last and First Name.

PADIN DEASHJA Add Encounter Record Cancel Encounter Record	cord
Add Encounter Record Cancel Encounter Re	cord
Add Encounter Record Add Encounter Record	
Encounter Date Attendee Name (L,F M) Relationship Provider Staff Organization Name 04/24/2019 DEFG, ABC Mother PADIN, DEASHJA DADE CHD Delete	
Add a Vaccine Education Encounter- Organization:* DADE CHD Organization:* DADE CHD	
Encounter Date: Vertication of the second of	

	Education Encounter Maintenance page.
•	When the vaccine education encounter is successfully saved, you will see it listed on the Vaccine

Attendee:*

Provider:* --- Select ---

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Add Encounter Record