# Vaccination Education Encounter



The new Vaccine Education Encounter functionality in Florida SHOTS is designed to be able to keep record of education given to a patient or guardian before a Religious Exemption is given.

### STEP 1

First, log into Florida SHOTS. Search for a patient.

## STEP 2

To view the Vaccine Encounter Page, click on Vaccine Encounter located under the Patient tab.



#### STEP 3

Now you will be on the Vaccine Education page. Here you can view all the details of all previous or current educations. On this page, is where you will add the proof of Vaccine Education Encounter.

This page will display:

- WHO gave the Vaccine Education.
- The ATTENDEE of the education.
- WHEN the education(s) took place.
- RELATIONSHIP to the patient.
- The ORGANIZATION who conducted the education.

**NOTE:** Any user at the County Health Department may record the Vaccine Education Encounter.

	Partoneer	
	Date Attendee Name (L,F M) Relationship Provider Staff Or	rganization Name
	No Vaccine Education Encounters are on file for this patie	nt record.
k	Add a Vaccine Education Encounter-	
Encounter Date:* 04/24/2019	Add a Vaccine Education Encounter	Organization: <sup>*</sup> DADE CHD
Encounter Date: <sup>*</sup> (#242039 Relationship to patient? <sup>*</sup> (==Select •)	Add a Vaccine Education Encounter-	Organization:* DADE CHD
Encounter Date: <sup>*</sup> (24/24/2019 Relationship to patient: <sup>*</sup> (Sect v Last Name *	Add a Vaccine Education Encounter	Organization: <sup>®</sup> DADE CHD Middle Name
Encounter Dates* 14042019 Relationship to patent* 1-5442019 Last Name * Attendee*	Add a Vaccine Education Encounter	Organization: <sup>®</sup> DADE CHD Middle Name

On this page, you will record the education encounter.

## STEP 4

Enter the date of the Vaccine Education Encounter.

		Add a V
Encounter Date:* 0	4/24/2019	
Relationship to patient:*	Select 🔻	
L	ast Name *	
Attendee:*		
Provider:*	Select	*
		Add Encounter Record

Continue to select the attendee's Relationship to the patient. Continue to fill in their Last and First Name.

Encountor Date:*	04/24/2019	Add a Va	ccine Education Encounter	
elationship to patient:*	Mother •			
	Last Name *		First Name *	
Attendee:*	DEFG		ABC	
Provider:*	OTHER (specify)	•		
	PADIN		DEASHJA	
		Add Encounter Record	Cancel	Encounter Record

The selection **Provider**, you will select your name. If you are NOT on the list, select **Other**. When you select the option **Other**, you will be given a two text boxes to type in your **Last** and **First Name**.

Provider:*	OTHER (specify)			
	PADIN		DEASHJA	
		Add Encounter Record		Cancel Encounter Record

Once that is completed, click Add Encounter Record.



When the Vaccine Education Encounter is successfully saved, you will now see the encounter on the list of Education Encounters.

Add a Vaccine Education Encounter- Encounter Date:* 04/24/2019 CFG, ABC Mother PADIN, DEASHJA DADE CHD Delete Add a Vaccine Education Encounter- Corganization:* DADE CHD Relationship to patient.* Select  Last Name * First Name * Middle Name Attendee:* Select  Provider:* Select		Encounter Date	Attendee Name (L,F M)	Relationship	Provider Staff	Organization Name				
Add a Vaccine Education Encounter-  Encounter Dates* 04/24/2019 Relationship to patient* Select  Last Name * First Name * Middle Name Attendee:* + Middle Name Provider:* Select		04/24/2019	DEFG, ABC	Mother	PADIN, DEASHJA	DADE CHD	Delete			
Add a Vaccine Education Encounter-  Encounter Date:* 04/24/2019 Cestationship to patient.* - Select   Last Name * First Name * Middle Name Attendee:* + + + + + + + + + + + + + + + + + + +										
Add a Vaccine Education Encounter-  Encounter Date:* 04242019 Organization:* DADE CHD Relationship to patient.* - Select   Last Name * First Name * Middle Name Attendee:* 4 Provider:*										
Add a Vaccine Education Encounter-  Encounter Date: * 04/24/2019  Relationship to patient: *Select   Attendee: *  Provider: *Select										
Add a Vaccine Education Encounter-  Encounter Date: * 04/24/2019 Relationship to patient: *Select ▼  Last Name * First Name * Middle Name  Attendee:* Provider: *Select ▼										
Add a Vaccine Education Encounter-  Encounter Date: * 04/24/2019 Corganization: * DADE CHD Relationship to patient: * Last Name * First Name * Middle Name Attendee: * Provider: *										
Encounter Date: * 04/24/2019 Organization: * DADE CHD Relationship to patient: *Select v Las Name * First Name * Middle Name Attendee: *			Add	a Vaccine Edu	cation Encounter-					
Relationship to patient: * Select • • Middle Name * * * * * * * * * * * * * * * * * * *	Encounter Date:* 04/24/2019							Organization	* DADE CHD	
Last Name * Middle Name Attendee:* Middle Name * Middle Name	Relationship to patient:* Select 🔻									
Attendee:* Provider:* Y	Last Name *			F	irst Name *				Middle Name	
Provider: * Select v				1						
	Attendee:*									
	Attendee:* Provider:* Select		]							

## **HELP DESK**

#### **FREE TECHNICAL SUPPORT:**

877-888-7468 (SHOT) MONDAY – FRIDAY, 8 A.M. TO 5 P.M. EASTERN

#### INCLUDING:

- Merging duplicate shot records
- Adding account administrators
- Unlocking Florida SHOTS accounts
- Questions about any Florida SHOTS features
- Requesting Florida SHOTS materials