



Florida SHOTS Notification and Opt-Out Form

Florida Department of Health, Immunization Section



Information You Should Know About Florida SHOTS (State Health Online Tracking System)

What is Florida SHOTS?

- ◆ The Department of Health, Immunization Section, electronic database for immunization records, as allowed by Florida law (s. 381.003, F.S.).
- ◆ A secure system that only allows access to necessary individuals who have applied to, and been approved by, The Florida Department of Health.
- ◆ A more convenient way to ensure patient immunization records are current and available.

Participating in Florida SHOTS means:

- ◆ **Not having to worry about losing important shot records.**
- ◆ **Making it easier to provide current proof of immunization - especially for entry into schools, daycares, etc.**
- ◆ **Conveniently having past and/or present vaccinations recorded and updated.**
- ◆ **Maintaining the best immunization schedule for the patient, with less chance of receiving unnecessary vaccinations.**

Only those approved by The Florida Department of Health, Immunization Section may see patient information in Florida SHOTS. This may include:

- ◆ Health care personnel.
- ◆ Staff in licensed child care centers and schools.
- ◆ Immunizations Section staff - when necessary.

Patient information stored in Florida SHOTS may include:

- ◆ Name, date of birth, guardian's name (when necessary), and address.
- ◆ Immunization information, such as: vaccination types, dates given, exemptions from vaccinations, and current vaccination schedule.
- ◆ School/childcare entry form DH680.

Patients born in Florida on, or after, January 1, 2003, will initially have a record in Florida SHOTS. These records, as well as those created by authorized healthcare providers, will be stored and updated in Florida SHOTS unless the opt-out status (below) is chosen.

IF YOU DO NOT WANT TO PARTICIPATE IN THE FLORIDA SHOTS, IMMUNIZATION INFORMATION SYSTEM (IIS) – PLEASE READ THE FOLLOWING:

By completing the form below, you are stating that you **DO NOT** want the Florida SHOTS, IIS to record, maintain, or provide this patient's past or present immunization information. This means **you**, as the patient or legal guardian, **will be solely responsible** for providing immunization information to ALL healthcare providers (including the primary healthcare provider), schools, daycares, etc., whenever it is required.

If you have read all above information and still DO NOT want to participate in the Florida SHOTS Immunization Information System:

- Complete the opt-out form (below) and mail it to: Florida Department of Health, Immunization Section, 4052 Bald Cypress Way, Bin A-11, Tallahassee, FL 32399-1719.
- All sections of the opt-out form (unless stated "optional") **must** be complete.
- One form per patient who will NOT be participating in the Florida SHOTS IIS.

Patient's Name: (Please Print)			
	(Last)	(First)	(MI)
_____-_____-_____ Patient Social Security Number (optional)	_____/_____/_____ Patient Date of Birth	M F Sex of Patient (optional)	_____ State Immunization ID Number (if available)
_____ Patient's County of Residence:	(_____)_____ Patient/Guardian Phone Number	_____ Mother's Maiden Name (optional)	
_____ Patient/Guardian Signature (Must be 18 years of age or older)		_____ Date	_____ Relationship to Patient
<p><i>By signing and submitting the above request, I acknowledge that NO record of this patient's immunizations will be stored and/or created in the Florida SHOTS Immunization Information System. I know this decision may be changed, at any time, by submitting an Opt-Out Status Change form (available at www.flshotsusers.com, through the Florida Department of Health, Immunization Section, and/or from a healthcare provider). I also understand this patient still needs immunizations for protection against dangerous vaccine-preventable diseases and that exclusion from Florida SHOTS does not exempt my child from vaccinations required for child care and school attendance.</i></p>			