

Mission:

To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

AGENDA

Rule 64D-3.046, Florida Administrative Code Hearing

October 8, 2026
9:00 – Noon (ET)

- Welcome & Introduction
- Hearing Overview & Procedures
- Rule Review & Public Comment
- Adjourn

Please note: Written comments can be submitted by email to VaccineRule@flhealth.gov

Notice of Change/Withdrawal/Correction

DEPARTMENT OF HEALTH

Division of Disease Control

RULE NO.: RULE TITLE:

64D-3.046 Immunization Requirements: Public and Nonpublic Schools, Grades Preschool, Kindergarten Through 12, and Adult Education Classes

NOTICE OF CHANGE

Notice is hereby given that the following changes have been made to the proposed rule in accordance with Section 120.54(3)(d)1., F.S., published in Vol. 52 No. 164, (August 24, 2026), issue of the Florida Administrative Register.

64D-3.046 Immunization Requirements: Public and Nonpublic Schools, Grades Preschool, Kindergarten Through 12, and Adult Education Classes.

(1) No change.

(2) Immunization and Documentation Requirements for School Entry/Attendance:

(a) A student may attend a public or non-public school, grades preschool through 12 or an adult education class if younger than 21, if prior to admittance, attendance or transfer, they present one of the following for inspection for validity by an authorized school official:

1. No change

2. DH8033-DCHP-08/2026, Religious Exemption from Immunization (eff. 08/2026), incorporated by reference, available at <https://flrules.org/Gateway/reference.asp?No=Ref-20006> or at DOH CHDs, must be signed by the local county health department medical director or their designee.

(b) Specific immunization requirements by grade which must be documented prior to admittance, attendance or any other initial entrance are detailed in the Immunization Guidelines—Florida Schools, Child Care Facilities and Family Day Care Homes 2026, DH8032-DCHP-08/2026 (Eff: August 2026), incorporated by reference and available at: <https://flrules.org/Gateway/reference.asp?No=Ref-20016>.

1. through 3. No change

(3) through (8) No change.

Rulemaking Authority 381.003(1), (2), 381.005(3), 1003.22 FS. Law Implemented 381.003(1), 381.005(1)(i), 1003.22 FS. History—New 11-20-06, Amended 7-15-07, 7-28-08, 12-29-10, 12-29-11, 4-2-13,___.

The following change is being made to DH8033-DCHP-08/2026, Religious Exemption from Immunization (eff. 08/2026): strike the following language from each translation: I am the parent or legal guardian of the above-named child. Immunizations are in conflict with my religious tenets or practices, ~~which may include a sincerely held moral or ethical belief.~~

The following changes are being made to Guidelines—Florida Schools, Child Care Facilities and Family Day Care Homes 2026, DH8032-DCHP-08/2026 (Eff: August 2026):

Section VI. Religious Exemption from Immunization (DH8033-DCHP-08/2026)

A. Request for Religious Exemption

2. The DH8033-DCHP-08/2026 is issued ONLY by county health departments and ONLY for a child who is not immunized because of his/her family's religious tenets or practices, ~~which includes a sincerely held moral or ethical belief.~~

Further technical changes are also being made to the Immunization Guidelines to update the page numbers in the Table of Contents, for consistent use of the terms “child care” and “day care” as opposed to “childcare” and “daycare,” to delete a duplicate “Seventh” under Section VII.A.1.c., and to correct the phrase “up to date” from “up-to-date” under Section IX.B.2.b.

Notice of Proposed Rule

DEPARTMENT OF HEALTH

Division of Disease Control

RULE NO.: RULE TITLE:

64D-3.046 Immunization Requirements: Public and Nonpublic Schools, Grades Preschool, Kindergarten Through 12, and Adult Education Classes

PURPOSE AND EFFECT: The purpose is to update the immunization and document requirements for child care and school entry, including DH 680, Florida Certification of Immunization, DH 681, Religious Exemption from Immunization, and the Immunization Guidelines—Florida Schools, Child Care Facilities and Family Day Care Homes. The language and form for opting out of inclusion in Florida SHOTS will be updated and other forms will be updated and appropriately incorporated by reference.

SUMMARY: This proposed rule removes from requirements immunizations that are not required by section 1003.22, Florida Statutes, and updates the Certification of Immunization and the Immunization Guidelines to conform with this change. The rule will also update the Religious Exemption form, providing for the inclusion of moral and ethical beliefs. The department is also updating and clarifying the provision related to opting out of inclusion in Florida SHOTS and making other minor edits to update references to the department's Immunization Section and to update and incorporate compliance reporting forms and those required for participation in Florida SHOTS by reference as required by law.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS AND LEGISLATIVE RATIFICATION:

The Agency has determined that this rule will not have an adverse impact on small business or likely increase directly or indirectly regulatory costs in excess of \$200,000 in the aggregate within one year after the implementation of the rule. A SERC has not been prepared by the Agency.

The Agency has determined that the proposed rule is not expected to require legislative ratification based on the statement of estimated regulatory costs or if no SERC is required, the information expressly relied upon and described herein: Based on the completed SERC checklist, this rulemaking will not have an adverse impact on regulatory costs in excess of \$1 million within five years as established in s.120.541(2)(a), F.S.

Any person who wishes to provide information regarding a statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days after publication of this notice.

RULEMAKING AUTHORITY: 381.003(1), (2), 381.005(3), 1003.22(3), FS.

LAW IMPLEMENTED: 381.003(1), 381.005(1)(i), 1003.22, FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAR.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE IS: Thomas Bendle, Bureau Chief, Bureau of Epidemiology, Division of Disease Control and Health Protection at VaccineRule@flhealth.gov or at 850-245-4342.

THE TEXT OF THE PROPOSED RULE IS:

64D-3.046 Immunization Requirements: Public and Nonpublic Schools, Grades Preschool, Kindergarten Through 12, and Adult Education Classes.

(1) No change.

(2) Immunization and Documentation Requirements for School Entry/Attendance:

(a) A student may attend a public or non-public school, grades preschool through 12 or an adult education class if younger than 21, if prior to admittance, attendance or transfer, they present one of the following for inspection for validity by an authorized school official:

1. DH8037-DCHP-08/2026 ~~Form 680~~, Florida Certification of Immunization (eff. 08/2026 ~~July 2010~~), incorporated by reference, available from Department of Health (DOH) county health departments (CHDs) or physicians' offices, or online at <https://flrules.org/Gateway/reference.asp?No=Ref-20005> ~~<http://www.flrules.org/Gateway/reference.asp?No=Ref-02410>~~, or

2. ~~DH8033-DCHP-08/2026 Form 681~~, Religious Exemption from Immunization Exemptions for Immunizations (English/Spanish/Haitian-Creole) (eff. 08/2026 July 2008), incorporated by reference, available at <https://flrules.org/Gateway/reference.asp?No=Ref-20006> or at DOH CHDs, must be signed by the local county health department medical director or their designee. ~~The form is available online at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-02341>.~~

(b) Specific immunization requirements by grade which must be documented prior to admittance, attendance or any other initial entrance are detailed in the Immunization Guidelines—Florida Schools, ~~Child Care Childcare~~ Facilities and Family ~~Day Care Daycare~~ Homes ~~2026~~, DH8032-DCHP-08/2026 ~~Form 150-615~~ (Eff: August 2026 March 2013), incorporated by reference and, available online at: <https://flrules.org/Gateway/reference.asp?No=Ref-20016> ~~<http://www.flrules.org/Gateway/reference.asp?No=Ref-02342>.~~

1. For temporary or permanent medical exemption, a DH8037-DCHP-08/2026 ~~Form 680~~ must be signed by a practitioner licensed under Chapter 458 or 459, F.S., or their authorized representative. ~~For temporary or permanent medical exemption~~ The signing practitioner must possess medical records documenting the medical basis for each such exemption.

2. A DH8037-DCHP-08/2026 ~~Form 680~~ that does not include a temporary or permanent medical exemption must be signed by a practitioner licensed under Chapter 458, 459, 460, or 464, F.S.

3. A DH8037-DCHP-08/2026 that is electronically certified through Florida SHOTS (State Health Online Tracking System) and ~~Electronically-Certified DH Form 680~~ accessed directly by the school is considered certified in writing and signed by the Florida SHOTS private provider.

(3) Documentation Requirements for Schools:

(a) through (b) No change

(c) Compliance Reporting:

1. Each public and nonpublic school with a kindergarten and/or seventh grade shall submit an annual compliance report. The report shall be completed on DH8035-DCHP-08/2026 ~~Form 684~~, Immunization Annual Report of Compliance for Kindergarten and Seventh Grade Compulsory Immunization (eff. 08/2026 July 2010), incorporated by reference, available at <https://flrules.org/Gateway/reference.asp?No=Ref-20007> or DOH CHDs. The report shall include the immunization status of all children who were attending kindergarten and seventh grades at the beginning of the school year. The report shall be forwarded to the CHD director/administrator no later than October 1 of each school year where the data will be compiled on DH8036-DCHP-08/2026 ~~Form 685~~, Kindergarten and Seventh Grade Annual Report of Compliance County Summary (eff. 08/2026 July 2010), incorporated by reference, available at <https://flrules.org/Gateway/reference.asp?No=Ref-20008> or DOH CHDs; or electronically generated by the Department of Education.

2. No change

(4) through (5) No change.

(6) Florida SHOTS (State Health Online Tracking System) Opt-Out ~~Opt-Out~~ Provision —

(a) The Florida SHOTS Notification and Opt-Out Form, DH8029-DCHP-08/2026 (English) (eff. 08/2026) or DH8030-DCHP-08/2026 (Spanish) (eff. 08/2026) or DH8031-DCHP-08/2026 (Haitian-Creole) (eff. 08/2026), are incorporated by reference and available online at <https://flrules.org/Gateway/reference.asp?No=Ref-20009>, <https://flrules.org/Gateway/reference.asp?No=Ref-20010>, and <https://flrules.org/Gateway/reference.asp?No=Ref-20011>, or from the health care practitioner or entity, or college or university student health center or clinic in the state, that provides the immunization.

(b) Upon each administration of a vaccine, parents ~~Parents~~ or guardians of a child under 18 years of age may elect to decline the child's participation in the Florida immunization registry, Florida SHOTS, by signing submitting a Florida SHOTS Notification and Opt-Out ~~Opt-Out~~ Form and providing the form to the health care practitioner or entity to the DOH. The form, either a DH Form 1478 (English) (January 2007) or DH Form 1478S (Spanish) (September 2003) or DH Form 1478H (Haitian-Creole) (January 2006), incorporated by reference, is available from the DOH, Bureau of Immunization, 4052 Bald Cypress Way, Bin #A 11, Tallahassee, FL 32399 1719. The immunization records of children whose parents choose to opt out will not be shared with other entities that are allowed by law to have access to the children's immunization record via authorized access to Florida SHOTS.

(c) Upon each administration of a vaccine, a college or university student from 18 years of age to 23 years of age who obtains a vaccination from a college or university health center or clinic in the state may elect to decline

participation in the Florida immunization registry, Florida SHOTS, by signing a Florida SHOTS Notification and Opt-Out Form and providing the form to the college or university health center or clinic.

(d) The health care practitioner or entity, or the college or university health center or clinic, shall submit each Florida SHOTS Notification and Opt-Out Form submitted to them to the DOH Immunization Section. Additionally, a parent or guardian or college or university student may choose to submit the Florida SHOTS Notification and Opt-Out Form directly to the DOH Immunization Section.

(e) Upon receipt of the Florida SHOTS Notification and Opt-Out Form by the DOH Immunization Section, any identifying information pertaining to the child or college or university student will be removed from Florida SHOTS and will not be available for sharing with other entities that are allowed by law to have access to the immunization record via authorized access to Florida SHOTS.

(7) Florida SHOTS Private Provider Participation – Any health care practitioner licensed in Florida under Chapter 458, 459 or 464, F.S., may request authorization to access Florida SHOTS by filling out a DH8038-DCHP-08/2026 (eff. 08/2026) ~~Form 1479~~, Authorized Private Provider User Agreement for Access to Florida SHOTS (January 2007), incorporated by reference and, available at <https://flrules.org/Gateway/reference.asp?No=Ref-20012> or from the DOH ~~Bureau of~~ Immunization Section, 4052 Bald Cypress Way, Bin #A-11, Tallahassee, FL 32399-1719. The DH8038-DCHP-08/2026 ~~Form 1479~~ will be returned to the Department of Health Immunization Section for processing and authorization to access Florida SHOTS. Notification of access approval and instructions for accessing Florida SHOTS will be provided by the DOH Immunization Section. The authorized user and the applicable licensing authority or agency shall notify the DOH, ~~Bureau of~~ Immunization Section Florida SHOTS personnel when an authorized user's license or registration has expired or has been suspended or revoked.

(8) Florida SHOTS School and Licensed or Registered Child Care Facility Participation – Any public or nonpublic school, or licensed or registered child care facility may request authorization to access Florida SHOTS by completing a DH8034-DCHP-08/2026 (eff. 08/2026) ~~Form 2115~~, Authorized School and Licensed or Registered Child Care Facility User Agreement for Access to Florida SHOTS (January 2007), incorporated by reference and, available at <https://flrules.org/Gateway/reference.asp?No=Ref-20013> or from the DOH, ~~Bureau of~~ Immunization Section, 4052 Bald Cypress Way, Bin #A-11, Tallahassee, FL 32399-1719. The DH8034-DCHP-08/2026 ~~Form 2115~~ will be returned to the DOH for processing and authorization to access Florida SHOTS. Notification of access approval and instructions for accessing Florida SHOTS will be provided by the DOH Immunization Section. The authorized user and the applicable licensing authority or agency shall immediately notify the DOH, ~~Bureau of~~ Immunization Section Florida SHOTS personnel when an authorized user's license or registration has expired or has been suspended or revoked.

Rulemaking Authority 381.003(1), (2), 381.005(3), 1003.22 FS. Law Implemented 381.003(1), 381.005(1)(i), 1003.22 FS. History–New 11-20-06, Amended 7-15-07, 7-28-08, 12-29-10, 12-29-11, 4-2-13,___.

DH 680, Florida Certification of Immunization, is being substantially reworded and assigned an updated form number, DH8037-DCHP-08/2026. See <http://www.flrules.org/Gateway/reference.asp?No=Ref-02410> for present text.

DH Form 1478 (English), DH Form 1478S (Spanish), and DH Form 1478H (Haitian-Creole), Florida SHOTS Notification and Opt Out Form, are being substantially reworded and assigned updated form numbers, DH8029-DCHP-08/2026 (English), DH8030-DCHP-08/2026 (Spanish), and DH8031-DCHP-08/2026 (Haitian-Creole). Contact Thomas Bendle at VaccineRule@flhealth.gov or at 850-245-4342 for present text.

DH Form 1479, Private Provider User Agreement for Access to Florida SHOTS, is being substantially reworded and assigned an updated form number, DH8038-DCHP-08/2026. Contact Thomas Bendle at VaccineRule@flhealth.gov or at 850-245-4342 for present text.

DH Form 2115, Authorized School and Licensed or Registered Child Care Facility User Agreement for Access to Florida SHOTS, is being substantially reworded and assigned an updated form number, DH8034-DCHP-08/2026. Contact Thomas Bendle at VaccineRule@flhealth.gov or at 850-245-4342 for present text.

NAME OF PERSON ORIGINATING PROPOSED RULE: Thomas Bendle, Bureau Chief, Bureau of Epidemiology, Division of Disease Control and Health Protection

NAME OF AGENCY HEAD WHO APPROVED THE PROPOSED RULE: Joseph Ladapo, MD, PhD, State Surgeon General

DATE PROPOSED RULE WAS APPROVED BY AGENCY HEAD: August 20, 2026

DATE NOTICE OF RULE DEVELOPMENT WAS PUBLISHED IN FAR: September 10, 2025

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

What is Florida SHOTS?

- Per section 381.003, Florida Statutes, Florida SHOTS is a confidential, statewide, immunization information system (IIS) that helps healthcare providers and schools manage immunization records to ensure that patients of all ages receive the vaccinations needed to protect them against vaccine-preventable diseases.
- Florida SHOTS is a secure system that allows access only to necessary individuals (health care personnel, staff in licensed child care centers, schools and Department of Health staff as applicable) who have applied to and been approved by the Department of Health's Immunization Section.
- Florida SHOTS helps health care providers ensure immunization records are accurate, current, and complete.

Participating in Florida SHOTS means:

- All immunization information is stored in one system regardless of the health care provider or pharmacy administering the vaccination(s).
- Health care providers and patients having patient-specific discussions around vaccine recommendations using one consistent data source.
- Providing proof of immunizations as needed for entry into daycares, schools, colleges and universities, etc. from a single, consistent data source.

Patient information stored in Florida SHOTS may include:

- Name, date of birth, parent or guardian's name (when necessary), and address.
- Immunization information, such as: vaccination types, dates given, exemptions from vaccinations, and current vaccination schedule.
- School/child care entry form DH8037-DCHP-08/2026.

Who can opt out of Florida SHOTS:

- A parent or legal guardian on behalf of a child or adolescent under 18 years of age.
- A college or university student 18 to 23 years of age who obtains a vaccination from a college or university health center or clinic in the state.

Please note: 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 CHOOSE NOT TO PARTICIPATE IN FLORIDA SHOTS, THE STATE IIS – PLEASE READ THE FOLLOWING:

By completing the form below, you are stating that you DO NOT want Florida SHOTS to record and maintain any immunization information related to this patient.

This means you, the patient or parent/legal guardian, will be responsible for:

- Providing immunization information to healthcare providers, schools, daycares, colleges, etc., whenever required.
- Ensuring that, at each vaccination event, a completed Opt-Out form is provided to your healthcare provider. In addition, you may send this form to the Department of Health's Immunization Section by mail/email.

Mail the completed form to The Florida Department of Health, Immunization Section, 4052 Bald Cypress Way, Bin A-11, Tallahassee, FL 32399-1719, or Email the completed form to flshots@flhealth.gov.

- All sections of the opt-out form (unless stated "optional") must be complete.
- Individual forms must be sent for each patient who will NOT be participating in the Florida SHOTS.

Patient's Name: (Please Print)			
	(Last)	(First)	(MI)
	____/____/____ Patient Date of Birth	____M ____F Sex of Patient (optional)	_____ State Immunization ID Number (optional)
	_____ Patient Social Security Number (optional)	(_____)_____ Patient/Guardian Phone Number	_____ Mother's Maiden Name (optional)
_____ Patient/Guardian Signature (Must be 18 years of age or older)		_____ Patient/Guardian Name	
<i>By signing and submitting the above request, I understand that NO record of this patient's immunization information will be stored in Florida SHOTS. I also understand exclusion from Florida SHOTS does not exempt the patient from vaccinations required for child care and school attendance. I acknowledge that, upon each vaccination event, I will complete an Opt-Out Form and submit to the Florida Department of Health's Immunization Section either directly or through my healthcare provider.</i>			

Información que debe conocer sobre Florida SHOTS (Sistema Estatal de Seguimiento de Salud en Línea)

¿Qué es Florida SHOTS?

- De conformidad con la sección 381.003 de los Estatutos de Florida, Florida SHOTS es un sistema de información de inmunización (IIS, por sus siglas en inglés) confidencial y de alcance estatal que ayuda a los proveedores de atención médica y a las escuelas a gestionar los registros de vacunación, garantizando así que los pacientes de todas las edades reciban las vacunas necesarias para protegerse contra enfermedades prevenibles mediante la vacunación.
- Florida SHOTS es un sistema seguro que permite el acceso únicamente a las personas autorizadas (personal de atención médica, personal de guarderías con licencia, personal escolar y personal del Departamento de Salud, según corresponda) que hayan solicitado acceso y hayan sido aprobadas por la Sección de Inmunización del Departamento de Salud.
- Florida SHOTS ayuda a los proveedores de atención médica a garantizar que los registros de vacunación sean precisos, estén actualizados y estén completos.

Participar en Florida SHOTS significa:

- Que toda la información sobre inmunizaciones se almacena en un único sistema, independientemente del proveedor de atención médica o la farmacia que administre la(s) vacuna(s).
- Que los proveedores de atención médica y los pacientes pueden hablar sobre las recomendaciones de vacunación específicas para cada paciente utilizando una fuente de datos uniforme.
- Poder presentar comprobantes de vacunación —cuando sea necesario para el ingreso a guarderías, escuelas, colegios universitarios, universidades, etc.— provenientes de una fuente de datos única y uniforme.

La información del paciente almacenada en Florida SHOTS puede incluir:

- Nombre, fecha de nacimiento, nombre del padre, madre o tutor (cuando corresponda) y dirección.
- Información sobre inmunización, tal como: tipos de vacunas, fechas de administración, exenciones de vacunación y calendario de vacunación actual.
- Formulario DH8037-DCHP-08/2026 de ingreso a la escuela o centro de cuidado infantil.

Quiénes pueden optar por no participar en Florida SHOTS:

- Un padre o tutor legal, en nombre de un niño o adolescente menor de 18 años.
- Un estudiante universitario de entre 18 y 23 años que reciba una vacuna en un centro de salud o clínica universitaria dentro del estado.

Tenga en cuenta lo siguiente: Los pacientes nacidos en Florida el 1 de enero de 2003 o después de esa fecha tendrán inicialmente un registro en Florida SHOTS. Estos registros, así como los creados por proveedores de atención médica autorizados, se almacenarán y actualizarán en Florida SHOTS, a menos que se elija la opción de no participar (indicada a continuación).

SI DECIDE NO PARTICIPAR EN FLORIDA SHOTS (EL SISTEMA ESTATAL DE INFORMACIÓN DE INMUNIZACIÓN), POR FAVOR LEA LO SIGUIENTE:

Al completar el siguiente formulario, usted declara que **NO** desea que Florida SHOTS registre ni conserve información de inmunización relacionada con este paciente.

Esto significa que usted, como paciente o padre/madre/tutor legal, será responsable de:

- Proporcionar información sobre las vacunas a los proveedores de atención médica, escuelas, guarderías, universidades, etc., siempre que se solicite.
- Asegurarse de entregar al proveedor de atención médica un formulario de exclusión (Opt-Out form, en inglés) debidamente completado en cada ocasión en que se administren vacunas. Además, puede enviar este formulario por correo postal o electrónico a la Sección de Inmunización del Departamento de Salud.

Envíe el formulario completado por correo postal a: The Florida Department of Health, Immunization Section, 4052 Bald Cypress Way, Bin A-11, Tallahassee, FL 32399-1719, o envíelo por correo electrónico a: flshots@flhealth.gov.

- Todas las secciones del formulario de exclusión deben estar completadas (a menos que se indique que son "opcionales").
- Se deben enviar formularios individuales para cada paciente que NO participará en Florida SHOTS.

Formulario de Notificación y Exclusión Voluntaria de Florida SHOTS

Departamento de Salud de Florida, Sección de Inmunización

Nombre del paciente: (Por favor, escriba en letra de imprenta)		(Apellido)		(Primer nombre)		(Inicial del segundo nombre)	
Condado de residencia del paciente:		Fecha de nacimiento del paciente		Sexo del paciente (opcional)		Número de identificación de vacunación estatal (opcional)	
Número de Seguro Social del paciente (opcional)		Número de teléfono del paciente/tutor		Apellido de soltera de la madre (opcional)			
Firma del paciente/tutor (Debe tener 18 años de edad o más)				Nombre del paciente/tutor			
Al firmar y enviar la solicitud anterior, comprendo que NO se almacenará ningún registro de la información de vacunación de este paciente en Florida SHOTS. También comprendo que la exclusión de Florida SHOTS no exime al paciente de las vacunas requeridas para la asistencia a guarderías y escuelas. Reconozco que, en cada ocasión en que se administre una vacuna, completaré un formulario de exclusión voluntaria (Opt-Out Form) y lo enviaré a la Sección de Inmunización del Departamento de Salud de Florida, ya sea directamente o a través de mi proveedor de atención médica.							

Fòm Notifikasyon ak Refi pou Patisipe nan Florida SHOTS

Depatman Sante Florid, Seksyon Iminizasyon

Enfòmasyon ou ta dwe konnen sou Florida SHOTS (Sistèm Suivi Sante Eta a sou Entènèt)

Ki sa ki Florida SHOTS?

- Dapre seksyon 381.003 nan Lwa Eta Florid yo (Florida Statutes), Florida SHOTS se yon sistèm enfòmasyon sou vaksinasyon (IIS) ki konfidansyèl epi ki kouvri tout eta a. Sistèm nan ede pwofesyonèl swen sante ak lekòl yo jere dosye vaksinasyon pou asire pasyan tout laj resevwa vaksen ki nesèsè pou pwoteje yo kont maladi vaksen ka anpeche.
- Florida SHOTS se yon sistèm sekirize ki bay aksè sèlman bay moun ki bezwen l yo (pèsonèl swen sante, anplwaye nan sant gadri ki gen lisans, lekòl, ak anplwaye Depatman Sante a, jan sa aplikab) ki te fè demann epi ki te jwenn apwobasyon nan men Seksyon Vaksinasyon Depatman Sante a.
- Florida SHOTS ede pwofesyonèl swen sante yo asire dosye vaksinasyon yo egzak, ajou, epi konplè.

Lè ou patisipe nan Florida SHOTS, sa vle di:

- Yo estoke tout enfòmasyon sou vaksen yo nan yon sèl sistèm, kèlkeswa founisè swen sante oswa famasi ki bay vaksen an (oswa vaksen yo).
- Founisè swen sante ak pasyan yo ka fè diskisyon espesifik sou rekòmandasyon vaksen yo lè yo itilize yon sèl sous done ki fyan e ki konsistan.
- Ou ka jwenn prèv vaksinasyon lè sa nesèsè pou antre nan garderi, lekòl, kolèj, inivèsite, elatriye, depi nan yon sèl sous done ki fyan e ki konsistan.

Enfòmasyon sou pasyan ki estoke nan Florida SHOTS ka gen ladan:

- Non, dat nesans, non paran oswa gadyen (lè sa nesèsè), ak adrès.
- Enfòmasyon sou vaksinasyon, tankou: kalite vaksen, dat yo te bay yo, egzanpsyon pou vaksen, ak kalandriye vaksinasyon aktyèl la.
- Fòm DH8037-DCHP-08/2026 pou antre lekòl oswa nan sant gadri.

Ki moun ki kapab chwazi pou pa patisipe nan Florida SHOTS?

- Yon paran oswa yon moun ki responsab legalman pou yon timoun oswa yon adolesan ki gen mwens pase 18 an.
- Yon etidyan nan kolèj oswa inivèsite ki gen ant 18 ak 23 an, epi ki resevwa yon vaksen nan yon sant sante oswa yon klinik kolèj oswa inivèsite nan eta a.

Tanpri (sonje:) Okòmansman, pasyan ki fèt nan Florid nan dat 1ye janvyè 2003 oswa apre dat sa a ap gen yon dosye nan Florida SHOTS. Dosye sa yo, ansanm ak sa founisè swen sante otorize yo kreye yo, ap rete anrejistre epi yo pral mete yo ajou nan Florida SHOTS, sof si moun nan chwazi opsyon pou l pa patisipe (gade anba a).

SI OU CHWAZI PA PATISIPE NAN FLORIDA SHOTS, TANPRI LI SA KI ANBA A:

Lè ou ranpli fòm ki anba a, w ap deklare ke ou PA vle Florida SHOTS anrejistre epi konsève okenn enfòmasyon sou vaksinasyon ki gen rapò ak pasyan sa a.

Sa vle di ou menm, kit ou se pasyan an oswa paran/gadyen legal la, ap responsab pou:

- Bay founisè swen sante, lekòl, sant gadri, kolèj, elatriye, enfòmasyon sou vaksen yo chak fwa sa nesèsè.
- Asire w ke, nan chak sesyon vaksinasyon, ou remèt founisè swen sante w la yon fòm "Opt-Out" (fòm pou refize vaksinasyon) ki byen ranpli. Anplis de sa, ou ka voye fòm sa a bay Seksyon Vaksinasyon Depatman Sante a pa lapòs oswa pa imèl.

Voye fòm nan nèt ranpli pa lapòs bay The Florida Department of Health, Immunization Section, 4052 Bald Cypress Way, Bin A-11, Tallahassee, FL 32399-1719, oswa

Voye fòm nan nèt ranpli pa imèl nan flshots@flhealth.gov.

- Ou dwe ranpli tout seksyon ki nan fòm pou refize patisipe a (sòf si li endike seksyon an "opsyonèl").
- Ou dwe voye yon fòm separe pou chak pasyan ki PAP patisipe nan Florida SHOTS.

Non Pasyan an: (Tanpri ekri an lèt detache)					
(Siyati)		(Prenon)		(Inisyal non mitan)	
Konte kote pasyan an rete:		Dat nesans pasyan an		Sèks pasyan an (opsyonèl)	
Nimewo Sekirite Sosyal pasyan an (opsyonèl)		Nimewo telefòn pasyan/gadyen		Nimewo Idantifikasyon Eta a pou Vaksinasyon (opsyonèl)	
Siyati Pasyan/Gadyen (Dwe gen 18 an oswa plis)		Dat		Non Pasyan/Gadyen	
Lè m siyen epi soumèt demann ki anwo a, mwen konprann PAP gen okenn dosye sou enfòmasyon vaksinasyon pasyan an k ap estoke nan sistèm Florida SHOTS la. Mwen konprann tou lefèt ke pasyan an pa nan sistèm Florida SHOTS la, sa pa egzante l pou l pran vaksen ki obligatwa pou ale lekòl oswa pou ale nan sant gadri. Mwen rekonèt ke, chak fwa pasyan an pral pran yon vaksen, m ap ranpli yon Fòm Refi (Opt-Out Form) epi m ap soumèt li bay Seksyon Vaksinasyon Depatman Sante Florid la, swa dirèkteman oswa atravè founisè swen sante mwen an.					



IMMUNIZATION GUIDELINES

FLORIDA SCHOOLS, CHILD CARE
~~CHILDCARE~~ FACILITIES AND
FAMILY DAY CARE ~~DAYCARE~~
HOMES

2026 ~~Effective March 2013~~

Florida Department of Health
Immunization Section Program
Bureau of Epidemiology
~~Communicable Diseases~~ 4052 Bald
Cypress Way
Bin A-11
Tallahassee, Florida 32399-1719



Immunization
Program

TABLE OF CONTENTS

I.	General Information	1
A.	Purpose:.....	1
B.	Statutory Authority:.....	1
C.	Medical Practice:	2
D.	Florida Certification of Immunization (DH8037-DCHP-08/2026 680 Form):	2
E.	Virtual School and Home Education:.....	2
F.	Confidentiality:	3
II.	Requirements.....	3
A.	Public/Non-Public Schools K-12:	3
B.	Public/Non-Public Pre-K:	3
C.	Public/Non-Public Schools Seventh Grade:.....	3
D.	Licensed Child Care Childcare Facilities and Family Day Care Daycare Homes: 3 4	4
III.	Clarifications/Exceptions to Immunization Requirements	4
A.	Temporary Medical Exemption (DH8037-DCHP-08/2026 680 Form Part B):.....	4
B.	Diphtheria, Tetanus, Pertussis (DTP/DTaP/DT/Td/Tdap):	4
C.	Polio (IPV/OPV)	5
D.	Measles, Mumps, Rubella (MMR)	5
E.	Haemophilus influenzae type b (Hib)	5
F.	Hepatitis B:.....	6
G.	Varicella.....	6
IV.	Florida Department of Health Certification of Immunization (DH8037-DCHP-08/2026 680 Form)	6
A.	Requirements.....	6
B.	Part A- K-12.....	7
C.	Part B - Temporary Medical Exemption.....	8

D.	Part C - Permanent Medical Exemption.....	10
E.	Computerized Florida Certification of Immunization (DH8037-DCHP-08/2026 680 Form)	10
V.	Transfers.....	10
A.	Public/Non-Public Schools	11
B.	<u>Child Care</u> Childcare Facility or Family <u>Day Care</u> Daycare Home.....	12
VI.	Religious Exemption from Immunization (DH8033-DCHP-08/2026 681 Form) ..	12
A.	Request for Religious Exemption:.....	12
B.	Completion of DH8033-DCHP-08/2026 681 Form	12
C.	Retention of Form:.....	13
D.	Consistency With Florida Law.....	13
VII.	Reporting Requirements	13
A.	Public/Non-Public Schools:.....	13
B.	Childcare Facilities:.....	14
VIII.	Disease Control: Schools, Preschool Facilities, <u>Child Care</u> Childcare Facilities, and Family <u>Day Care</u> Daycare Homes	14
A.	Notification of Suspect Cases of Communicable Diseases.....	14
B.	Outbreak Control:	15
IX.	Immunization Requirement for Public Assistance Eligibility Under the Family Self Sufficiency Program	15
A.	Legal Authority	15
B.	Verification of Immunization	15
X.	Questions/Comments Regarding Guidelines	16

IMMUNIZATION GUIDELINES
FLORIDA SCHOOLS, ~~CHILD CARE~~ CHILDCARE FACILITIES, AND FAMILY ~~DAY CARE~~
~~DAYCARE HOMES~~

I. General Information

A. Purpose:

The document, ~~Immunization Guidelines – Florida Schools, Childcare Facilities, and Family Daycare Homes~~, provides technical assistance for healthcare providers, schools, childcare facility operators, family daycare home operators, school health personnel, and county health department personnel regarding:

1. Immunization requirements
2. Clarifications/exceptions to immunization requirements with respect to certain vaccines
3. Florida Certification of Immunization (DH8037-DCHP-08/2026 680 Form), including Parts A, B, and C
4. Religious Exemption from Immunization (DH8033-DCHP-08/2026 681 Form)
5. Reporting requirements
6. Special conditions for compliance
7. Disease control
8. Immunization requirement for public assistance eligibility under the Family Self Sufficiency Program
9. Confidentiality

B. Statutory Authority:

These guidelines describe the requirements for compulsory immunizations for admittance and attendance under the following authority:

1. Public and Nonpublic Schools, Preschool, Kindergarten Through 12: ~~sections~~ section 381.003 and 1003.22, Florida Statutes, and Rule 64D-3.046, *Florida Administrative Code*.
2. Licensed ~~child care~~ childcare facilities: section 402.305, Florida Statutes, and Rule 65C-22.006, *Florida Administrative Code*.

3. Licensed family day care ~~daycare~~ homes: section 402.313, *Florida Statutes*, and Rule 65C-20.011, *Florida Administrative Code*.
4. Licensed specialized child care ~~childcare~~ facilities for the care of mildly-ill children: section 402.305, *Florida Statutes*, and Rules 65C-25.002 and 25.008, *Florida Administrative Code*.
5. Family Self Sufficiency: section 414.13, *Florida Statutes*, and Rule 65A-4.216, *Florida Administrative Code*.

C. Medical Practice:

These guidelines are intended to serve the purposes outlined in Section I.A. of this document and are not intended to supplant relevant immunization medical practice as set forth by the referenced authorities cited below. The manner and frequency of administration of immunizations shall conform to recognized standards of medical practice in accordance with U.S. Department of Health and Human Services, Public Health Service's Recommendations of the Advisory Committee on Immunization Practices (ACIP), and the latest Report of the Committee on Infectious Diseases of the American Academy of Pediatrics (Red Book).

D. *Florida Certification of Immunization (DH8037-DCHP-08/2026-~~OH 680 Form~~)*:

1. Each medical provider who issues a DH8037-DCHP-08/2026 ~~680 Form~~ must exercise professional judgment in determining the validity of the immunization history provided by the parent or guardian. A written document with immunization dates is vital, and the parent should make every effort to secure all records from the provider(s) of prior immunizations.
2. A copy or facsimile of a completed and appropriately signed DH8037-DCHP-08/2026 ~~680 Form~~ is acceptable. However, every effort should be made to have the original document(s) on file at the preschool, school, licensed child care ~~childcare~~ facility or family day care ~~daycare~~ home.
3. An electronic DH8037-DCHP-08/2026 ~~680 Form~~ may be issued by healthcare practitioners participating in the Florida State Health Online Tracking System (Florida SHOTS), the statewide immunization registry. When available through Florida SHOTS, a DH8037-DCHP-08/2026 ~~680 Form~~ may be electronically certified in lieu of provider signature for access by any Florida SHOTS authorized participant.

E. Virtual School and Home Education:

Students that participate in any public or private school campus-based

activities are required to have age-appropriate vaccines with the proper documentation on file at the school.

Students enrolled in the Florida Virtual School must have a completed DH8037-DCHP-08/2026 680 Form on file at the primary school or as designated by the Florida Virtual School Program.

F. Confidentiality:

In accordance with ~~s~~Section 456.057(7)(a), *Florida Statutes*, confidential immunization information can be released without prior written consent, without liability, from one healthcare provider to another who is offering immunization services to a patient. This statute may be cited when obtaining a child's immunization history from another healthcare provider.

II. Requirements

Prior to entry, attendance or transfer to preschools, schools (K-12), licensed ~~child care~~ childcare facilities, and family ~~day care~~ daycare homes, each child shall have on file a *Florida Certification of Immunization*, DH8037-DCHP-08/2026 680 Form (see Section IV), documenting the following:

A. Public/Non-Public Schools K-12:

Four or five doses of diphtheria, tetanus, and pertussis vaccine
Three, four or five doses of polio vaccine
Two doses of measles, mumps, and rubella vaccine
~~Two or three doses of hepatitis B vaccine~~
~~One dose of varicella vaccine (kindergarten effective school year 2001/2002, then each year an additional grade)~~
~~Two doses of varicella vaccine (kindergarten effective school year 2008/2009, then each year an additional grade)~~

B. Public/Non-Public Pre-K (age-appropriate doses as indicated):

Diphtheria, tetanus, and pertussis vaccine
Polio vaccine
Measles vaccine
Mumps vaccine
Rubella vaccine
~~Hepatitis B vaccine~~
~~Varicella vaccine~~
~~*Haemophilus influenzae* type b (Hib) vaccine~~

C. Public/Non-Public Schools Seventh Grade:

In addition to all other compulsory school immunizations, children entering, attending, or transferring to the seventh grade in Florida schools are required to complete the following:

One dose of tetanus-diphtheria-pertussis vaccine (Tdap) ~~effective school-year 2009/2010, then each year the next highest grade is included.~~

D. Licensed Child Care Childcare Facilities and Family Day Care

Daycare Homes: Age-appropriate doses as indicated in accordance with the current Recommended Childhood Immunization Schedule:

Diphtheria, tetanus, and pertussis vaccine

Polio vaccine

Measles vaccine

Mumps vaccine

Rubella vaccine

~~Varicella vaccine~~

~~Haemophilus influenzae type b (Hib) vaccine~~

~~Pneumococcal Conjugate vaccine (Effective January 1, 2012 for children-2 to 59 months of age)~~

III. **Clarifications/Exceptions to Immunization Requirements**

A. Temporary Medical Exemption (DH8037-DCHP-80/2026 680 Form Part B) (See IV.C):

Any child who has incomplete documentation of vaccination for the required number of doses should be admitted after the first dose(s) and issued a Temporary Medical Exemption (DH8037-DCHP-08/2026 680 ~~Form~~ Part B) and scheduled for the next dose(s) according to age and dosage spacing.

B. Diphtheria, Tetanus, Pertussis (DTP/DTaP/DT/Td/Tdap):

1. The fifth dose of diphtheria, tetanus, pertussis vaccine (DTP or DTaP), should be given on or after the child's fourth birthday and prior to entry into kindergarten.
2. If the fifth dose of DTP/DTaP vaccine was administered prior to the fourth birthday, then a sixth dose of DTP/DTaP is NOT required. However, it is recommended that a professional medical evaluation be obtained to see if additional immunizations are needed for the child's protection.
3. If the fourth DTP/DTaP dose is administered on or after the fourth birthday then the fifth DTP/DTaP is NOT required.
4. Pediatric diphtheria-tetanus (OT) vaccine is an acceptable substitute for DTP/DTaP vaccine if pertussis vaccine cannot be given for medical reasons. The reason(s) for contraindication to pertussis-containing vaccine must be documented, vaccine doses must be documented on DH8037-DCHP-08/2026 680 ~~Form~~, and Permanent Medical Exemption (DH8037-DCHP-08/2026 680 ~~Form~~).

~~Form~~ Part C) must be completed, in addition to Part A or Part B.

5. Students who started their immunizations after seven years of age should receive a total of three doses of adult tetanus-diphtheria (Td) vaccine with Tdap replacing one dose of the Td. This Tdap dose will meet the 7th grade requirement.
6. Tdap should be administered, when indicated to meet the 7th grade requirement, regardless of interval since the last tetanus- or diphtheria-toxoid containing vaccine.

C. Polio (IPV/OPV):

1. The fourth dose of polio vaccine should be given on or after the child's fourth birthday and prior to entry into kindergarten.
2. ~~Effective school year 2011/2012 for kindergarten entry only,~~ if the fourth dose of polio vaccine was administered prior to the fourth birthday, a fifth dose of polio is required.

Students who are already enrolled in grades not included in the requirement with a valid DH8037-DCHP-08/2026 680 Form and were admitted without documentation of a dose of IPV following their fourth birthday should not be excluded. However, if a student's record is reviewed, then they should be encouraged to either update their records or receive a fifth polio dose and be issued an updated DH8037-DCHP-08/2026 680 Form.

3. If the third dose of polio is administered on or after the fourth birthday, then the fourth polio dose is not required.
4. Students who started their immunizations after seven years of age should receive a total of three doses of polio vaccine.

D. Measles, Mumps, Rubella (MMR):

The second dose of the measles, mumps and rubella vaccine is recommended on or after the child's fourth birthday and prior to entry into kindergarten. MMR or measles, mumps, rubella and varicella (MMRV) vaccine are accepted to meet this requirement. (MMRV vaccine is licensed and indicated for simultaneous vaccination against measles, mumps, rubella, and varicella among children 12 months through 12 years of age).

E. ~~Haemophilus influenzae type b (Hib):~~

~~Haemophilus influenzae type b (Hib) vaccination is required for public/non-public preschool, childcare, and family daycare home-attendees from two months through 59 months of age. The number of doses required for Hib vaccination varies, depending on the child's age-~~

and type of vaccine received.

F. Hepatitis B:

An alternate schedule for a two-dose hepatitis B vaccine series is approved for adolescents 11 through 15 years of age. Children in this age group who receive the two-dose series should be considered in compliance with Florida's hepatitis B immunization requirement for school entry and attendance.

G. Varicella:

1. Two-dose requirement:

Beginning with the 2008/2009 school year, children entering kindergarten are required to receive two doses of varicella vaccine. Each subsequent year thereafter, the next highest grade will be included in the requirement. A one-dose varicella requirement started in the 2001/2002 school year applies to students as detailed in the table below.

2. Children entering or attending childcare facilities or family daycare homes are required to have one dose of varicella vaccine on or after their first birthday.
3. Varicella vaccine is NOT required if there is a history of varicella disease documented by the healthcare provider in the space provided on the DH 680 Form.

**Phase-In Schedule for Tdap and Varicella Vaccines
for 2012/2013 to 2020/2021 School Years**

School-Year/ Grades	2012/13 Grades	2013/14 Grades	2014/15 Grades	2015/16 Grades	2016/17 Grades	2017/18 Grades	2018/19 Grades	2019/20 Grades	2020/21 Grades
1 Varicella	5-11	6-12	//////////	//////////	//////////	//////////	//////////	//////////	//////////
2 Varicella	K-4	K-5	K-6	K-7	K-8	K-9	K-10	K-11	K-12
Tdap	7-10	7-11	7-12	7-12	7-12	7-12	7-12	7-12	7-12

IV. **Florida Department of Health Certification of Immunization (DH8037-DCHP-08/2026 680-Form)**

A. Requirements:

Any child entering a preschool, school (K-12), licensed child care

~~childcare facility or family day care daycare~~ home must have a completed Florida *Certification of Immunization* Form (DH8037-DCHP-08/2026 ~~680 Form~~) documenting immunization or exemption ~~for the form to be valid.~~

Health care practitioners are required to enroll in and report all vaccinations to Florida SHOTS* for patients from birth through 17 years of age, and those patients 18 through 23 years of age who are enrolled in college or university. Physicians who are participants in the statewide immunization registry, Florida SHOTS, may produce an electronically signed copy of the completed DH8037-DCHP-08/2026 680 Form directly from Florida SHOTS the system.

Private providers and county health departments may access instructions online and the computerized DH8037-DCHP-08/2026 ~~Form 680~~ from the Florida SHOTS website at www.flshots.com. All children should receive a completed personal immunization record, such as the DH 686 Form.

* Parents or guardians of a child under 18 years of age and college or university students aged 18 to 23 may elect to decline the patient's participation in Florida SHOTS by signing a Florida SHOTS Notification and Opt-Out Form, DH8029-DCHP-08/2026 (English) or DH8030-DCHP-08/2026 (Spanish) or DH8031-DCHP-08/2026 (Haitian-Creole). Upon each vaccination event, the parent or guardian or the college or university student must provide the form to the health care practitioner or entity or the college or university health center or clinic. A completed opt-out form received by the health care practitioner or entity, or the college or university health center or clinic must be submitted to the DOH Immunization Section.*

1. The following information must be recorded on the DH8037-DCHP-08/2026 ~~680 Form~~ in order for the form to be valid:
 - a. The child's complete name, date of birth, and name of parent or guardian.
 - b. All vaccine administration dates with the month/day/year. If the child has received more than the required number of doses of a vaccine, the last space to the right of the vaccine should indicate the date of the last dose given.
2. The child's Social Security number (SS#) is optional.
3. The state immunization identification number (ID#) will appear on a computer-generated DH8037-DCHP-08/2026 ~~680 Form~~¹ and is an identification number from Florida SHOTS. **This ID# is not a required item.**
4. Part A or Part B (as applicable) must be completed with the name

of the physician or clinic, physician or clinic address, signature (or signature stamp) of the physician, public health nurse, county health department, or the physician's authorized designee, and the date the form was signed and issued. Select Code 1 for grades K-12 excluding the 7th grade requirement and Code 8 for only the 7th grade requirement. For healthcare practitioners who use Florida SHOTS, the DH8037-DCHP-08/2026 ~~680 Form~~ may be electronically certified in lieu of a written signature, and this valid form will be available to any authorized Florida SHOTS participants.

5. Please note: The DH8037-DCHP-08/2026 ~~680 Form~~ is not a substitute for the personal immunization card which details all administered vaccines provided to the patient/guardian.

B. Part A - K-12:

1. This section must be completed for those children who have received the required vaccinations. Refer to Section IV.A.1.- 4. for general information on form completion.
2. Part A should not be used for children who are enrolled in child care ~~childcare~~ facilities, family day care ~~daycare~~ homes or preschools unless they are four years of age and have completed all the required immunizations for kindergarten. Part B should be completed for those children who have not completed the required vaccinations.
3. If the child has received more than the required number of doses, the space on the DH8037-DCHP-08/2026 ~~680 Form~~ for ~~dose #3 of hepatitis B and/or~~ dose #2 of measles or MMR vaccine should indicate the date the last valid dose was administered.

C. Part B - Temporary Medical Exemption:

1. This section documents the status of children in school (K-12), preschool, child care ~~childcare~~ facilities or family day care ~~daycare~~ homes who are incomplete for immunizations in Part A. Refer to Section IV.A.1. – 4. for general information on form completion.
2. A child who has received as many immunizations as are medically indicated at this time, and is in the process of completing necessary immunizations, may attend a child care ~~childcare~~ facility, family day care ~~daycare~~ home, preschool, or kindergarten through grade 12 only if he/she presents a Temporary Medical Exemption (DH8037-DCHP-08/2026 ~~680 Form~~, Part B).
3. A Temporary Medical Exemption extending until the student is due to enter 7th grade should **not** be issued to kindergarten students who meet all kindergarten requirements.

4. If the child is not fully immunized for school (K-12), preschool, child care childcare facility or family day care daycare home entry and attendance, and cannot receive any additional vaccines at this time, complete DH8037-DCHP-08/2026 680-Form, Part B.
- a. A Temporary Medical Exemption (Part B) is invalid without an expiration date.
 - b. **The expiration date is the date when the child is past due for their next immunization-after this date, the form is no longer valid.** The child must return to a physician or clinic BEFORE the expiration date to receive the immunizations needed. At that time, the physician will fill in the date(s) of additional vaccines administered, cross out the old expiration date, and add a new expiration date above the crossed-out date. If, for some reason, the immunization cannot be given, then the physician will cross out the old expiration date and fill in a new date. Any new expiration date should be initialed by the physician, or an updated DH8037-DCHP-08/2026 680-Form should be generated.
 - c. Two weeks before the DH8037-DCHP-08/2026 680-Form, Part B (Temporary Medical Exemption) expires, the school, child care childcare facility, or family day care daycare home should return the original DH8037-DCHP-08/2026 680-Form to the parent for the physician to update. The school should retain a photocopy of the form until the original DH8037-DCHP-08/2026 680-Form is returned. This procedure allows the form to be reused and assists the physician or clinic in tracking the child's immunization history. If an updated form is not returned by the expiration date, the child is out of compliance. The provider should also give the family an updated personal immunization record such as the DH 686.
 - d. Below are exceptions to having a Temporary Medical Exemption with a specific expiration date. The rationale for these exceptions is that the child has received all doses required for attendance in a preschool, child care childcare facility, or family day care daycare home. Use of DH8037-DCHP-08/2026 680-Form, Part B, with a valid expiration date should alert the facility administrator when the next dose(s) of vaccine is needed for the child's continued protection and attendance in the facility. Therefore, the child is actually not required to receive another dose until school entry.

- (1) If a preschool, ~~child care~~ childcare facility or family ~~day care~~ daycare home attendee has received at least four doses of diphtheria, tetanus, pertussis; three doses of polio; ~~and age-appropriate Hib and pneumococcal conjugate doses (2 to 59 months of age for childcare effective January 2012);~~ one dose of MMR vaccine; ~~one dose of varicella vaccine;~~ ~~and three doses of hepatitis B vaccine,~~ and these doses are recorded on DH8037-DCHP-08/2026 680 Form, and Part A was inadvertently signed by a physician or clinic, the form will not be judged "out of compliance."
 - (2) For attendance at preschools located on school campuses, non-specific time frames such as "prior to school" or "after fourth birthday" are acceptable for the expiration date only if the following vaccines have been received: four doses of diphtheria, tetanus, pertussis; three doses of polio; ~~and one dose of MMR;~~ ~~age-appropriate Hib doses;~~ ~~three hepatitis B;~~ ~~and one varicella.~~
 - (3) For ~~child care~~ childcare and family ~~day care~~ daycare home attendance, non-specific time frames such as "prior to school" or "after fourth birthday" are acceptable for the expiration date only if the following vaccines have been received: four doses of diphtheria, tetanus, pertussis; three doses of polio; one dose of MMR; ~~age-appropriate Hib doses;~~ ~~one dose of varicella;~~ ~~and effective January 2012, age-appropriate doses of pneumococcal conjugate for children 2 to 59 months of age.~~
- e. It is the ~~child care~~ childcare facility or family ~~day care~~ daycare home operator's responsibility to ensure proper documentation is on file. This responsibility includes notifying parents prior to the expiration date documented on the Temporary Medical Exemption (DH8037-DCHP-08/2026 680 Form, Part B).
 - f. When a ~~child care~~ childcare facility or family ~~day care~~ daycare home serves school-aged children, the school, by law, is to maintain the immunization records on file.
5. If it is determined that a vaccine shortage exists, the Department of Health shall approve issuance of Temporary Medical Exemptions with extended expiration dates. Healthcare providers will be notified of an expiration date to use for the Temporary

Medical Exemptions that reflects a projected date of sufficient quantities of vaccine necessary to resume any deferred immunizations.

D. Part C - Permanent Medical Exemption:

A child who cannot receive one or more vaccines due to medical reasons, should be issued a Permanent Medical Exemption, provided the physician states in writing or in Florida SHOTS the medical basis based upon **valid** clinical reasoning or evidence, demonstrating the need for a permanent exemption. Follow general instructions on documentation of immunizations and form completion (Section IV.A.1. – 4.). In addition, the following information on DH8037-DCHP-08/2026 680-Form, Part C, must be completed for the form to be acceptable:

1. Vaccine doses the child has received must be documented on the DH8037-DCHP-08/2026 680-Form (refer to Section IV.A.). The physician must list the vaccine(s) that are contraindicated and provide valid, medical reasons in writing for each vaccine that is not administered on Part C.
2. **DH8037-DCHP-08/2026 680-Form, Part C, can only be signed by hand or by electronic signature in Florida SHOTS by a physician licensed under Chapter 458 MEDICAL PRACTICE or Chapter 459 OSTEOPATHIC MEDICINE, Florida Statutes.**
3. DH8037-DCHP-08/2026 680-Form, Part A, should be completed if the child has all other required immunizations. DH8037-DCHP-08/2026 680-Form, Part B, should be completed if the child still has some immunizations scheduled at a later date(s). A child who is entering a Florida school (K-12) for the first time and who also has a permanent medical exemption will need DH8037-DCHP-08/2026 680-Form, Part A and Part C, completed.

E. Computerized Florida Certification of Immunization (DH8037-DCHP-08/2026 680-Form):

Private providers, county health departments, and schools enrolled in Florida SHOTS may produce a computerized electronically signed and certified DH8037-DCHP-08/2026 680-Form from the Florida SHOTS. For more information on enrolling in Florida SHOTS, visit www.flshots.com or call 1-877-888-SHOT (7468).

V. **Transfers**

A. Public/Non-Public Schools:

1. An authorized school official issues temporary exemptions for a period not to exceed 30 days. Authorized school officials are determined by the local school board and may include the

principal, school nurse, or other designated entity. These temporary exemptions are issued for the following situations:

- a. Students transferring interstate: A child who transfers into a Florida school from another state.
 - b. Students transferring intrastate: A child who transfers into a new county to attend class.
 - c. A homeless child: A homeless child, as defined in section 228.041, *Florida Statutes*.
 - d. Juvenile justice: A child who enters the juvenile justice system.
 - e. Military children: A military child as defined in 1000.36, *Florida Statutes*.
2. In cases where children are transferring within or between public schools in Florida counties, electronic transfer of records as indicated below will satisfy the record requirements.
 3. If all of the information required on the original DH8037-DCHP-08/2026 680-Form, Parts A, B or C, is automated for transfer via the Florida Automated System for Transferring Education Records (FASTER), then the information **must** be transmitted electronically. The DH8037-DCHP-08/2026 680-Form must always be forwarded to the requesting school for follow-up of immunization status if the child has been issued a DH8037-DCHP-08/2026 680-Form, Part B (Temporary) or Part C (Permanent), medical exemption. In addition, if intervals of immunization are questionable or if dates of each immunization in a series are missing on the FASTER record, then the DH8037-DCHP-08/2026 680-Form must be forwarded to the requesting school for verification of immunization status as outlined in the paragraph below.

Note: The original paper DH8037-DCHP-08/2026 680-Form is a permanent school record and should be filed in the student's cumulative health record. This form should transfer along with all other school documents.

4. The ~~public-school~~ public-school health nurse or authorized public or non-public school official shall be responsible for the follow-up of such school children until documentation on the proper Florida form or FASTER record is obtained.
5. Except for transfer students, no grace period is allowed for a child's entry into a Florida school.

6. If a school receives numerous, improperly completed immunization records, the Immunization Program representative for the county should be notified to facilitate corrective action. The current list of Immunization Program field staff personnel can be located at <http://www.immunizeFlorida.org>.

B. Child Care ~~Childcare~~ Facility or Family Day Care ~~Daycare~~ Home:

Children beginning attendance at a child care ~~childcare~~ facility or family day care ~~daycare~~ home and/or changing facilities shall be allowed up to a maximum of 30 days to present proof of immunization status.

1. Facility operators are responsible for notifying a child's parents to obtain proper documentation when transferring to a different facility.
2. If a facility receives numerous, improperly completed immunization records, the Immunization Program representative for the county should be notified to facilitate corrective action. The current list of Immunization Program field staff personnel can be located at: <http://www.immunizeFlorida.org/>.

VI. ***Religious Exemption from Immunization (DH8033-DCHP-08/2026 ~~681-Form~~)***

A. Request for Religious Exemption:

1. A request for a religious exemption from immunization requirements must be presented to the facility/school on the Department of Health's Religious Exemption From Immunization form (DH8033-DCHP-08/2026 ~~681-Form~~).
2. The DH8033-DCHP-08/2026 ~~681-Form~~ is issued ONLY by county health departments and ONLY for a child who is not immunized because of his/her family's religious tenets or practices, which includes a sincerely held moral or ethical belief. If a parent requests such an exemption, then the county health department staff must use the ~~current~~ DH8033-DCHP-08/2026 ~~681-Form~~ available electronically in the Florida SHOTS, which the parent affirms a religious conflict exists. This form must be issued upon request. No other information should be solicited from the parent or guardian.

B. Completion of DH8033-DCHP-08/2026 ~~681-Form~~:

The following information must be completed on the DH8033-DCHP-08/2026 ~~681-Form~~:

1. The child's complete name, date of birth, and parent or guardian's name. The child's Social Security number (SS#) is optional. The Florida SHOTS ID is included.

2. County health department information, electronic signature of the county health department director/administrator or their authorized designee, and date the form is issued.

C. Retention of Form:

The DH8033-DCHP-08/2026 ~~681 Form~~ will be kept on file at the school, preschool, childcare facility, or family daycare home in order to facilitate identification of any unimmunized/susceptible children needing exclusion during an outbreak of a vaccine-preventable disease.

D. Consistency With Florida Law:

Requests for religious exemption from immunizations should be consistent with section 1003.22, *Florida Statutes*. ~~Exemptions for personal or philosophical reasons are not permitted under Florida law.~~

VII. Reporting Requirements

A. Public/Non-Public Schools:

1. Manual Reporting: Immunization Annual Report of Compliance for Kindergarten and Seventh Grade Compulsory Immunization Grades (DH8035-DCHP-08/2026 ~~684 Form~~):
 - a. The *Immunization Annual Report of Compliance for Kindergarten and Seventh Grade Compulsory Immunization Grades* (DH8035-DCHP-08/2026 ~~684 Form~~) is sent to county health departments each fall for distribution to schools.
 - b. Separate forms should be completed for kindergarten and seventh grade.
 - c. All public and non-public elementary schools and middle schools, that do not report electronically, are required to submit to the local county health department the *Immunization Annual Report of Compliance for Kindergarten and Seventh Grade Compulsory Immunization Grades* (DH8035-DCHP-08/2026 ~~684 Form~~) no later than October 1.
 - d. For record-keeping purposes, please record any temporary medical exemption expiration date of those students with Temporary Medical Exemptions (DH8037-DCHP-08/2026 ~~680 Form~~, Part B) in the corresponding column under "Medical Exemptions." This notation provides an easy way to identify a student with an expired certificate.

- e. Check the numbers recorded on the form. As noted in the Summary Information table, ~~t~~The number of students who are fully immunized in ~~column #9,~~ plus those listed with exemptions in ~~column #10,~~ should equal the total number of students enrolled in each grade. ~~enrollment in column #8~~

2. Electronic Reporting for Selected Public Schools: Prior to the beginning of each school year, the Department of Education and DOH Immunization Section ~~Department of Health, Immunization Program~~ will notify public school districts and county health departments of those school districts approved for electronic-only reporting (kindergarten only, seventh grade only, or both kindergarten and seventh grade).
3. Immunization Validation Surveys - Kindergarten and Seventh Grade: A random sample of student records are surveyed to determine the immunization levels of children entering kindergarten and seventh grade. Immunization Program field staff will conduct this survey in compliance with federal requirements and section 1003.22, *Florida Statutes*. This survey is generally completed by the end of February each year.

B. Child Care ~~Childcare~~ Facilities:

1. Annual Licensing Report: At least once a year, immunization records must be checked by licensing personnel or public health nurses in each child care ~~childcare~~ facility. If a child's record does not contain a valid, up-to-date immunization form, a violation of the standards has occurred. In this case, the licensing agency will require corrective action by the facility and may impose an administrative fine; seek an injunction to close the facility; or deny, suspend, or revoke the facility's license.
2. Immunization Validation Survey: An annual immunization survey of attendees at randomly selected child care ~~childcare~~ facilities will be conducted by DOH Immunization Section ~~Immunization Program~~ field staff annually. This survey is to determine the immunization coverage levels of children attending childcare facilities and compliance with section 402.305, *Florida Statutes*, and Rule 65C-22.006, *Florida Administrative Code*. Federal requirements call for this annual survey to measure the immunization coverage levels of children in childcare centers.

VIII. **Disease Control: Schools, Preschool Facilities, Child Care ~~Childcare~~ Facilities, and Family Day Care ~~Daycare~~ Homes**

- A. Notification of Suspect Cases of Communicable Diseases:
Administrators of schools, preschools, child care ~~childcare~~ facilities, family day care ~~daycare~~ homes and specialized child care ~~childcare~~ facilities for

the care of mildly-ill children are required to notify the county health department of suspected or diagnosed cases of diseases on the official Department of Health list.

Notify them **immediately** by telephone of suspected cases of **measles, diphtheria, or poliomyelitis**. Operators should also notify the county health department by telephone or in writing within 48 hours of recognition of any suspected disease conditions involving rubella (German measles), pertussis (whooping cough), mumps, hepatitis B, varicella (chickenpox), or *Haemophilus influenzae* type b invasive disease.

B. Outbreak Control:

1. In the event of a communicable disease outbreak, the Department of Health's county health department director/administrator may declare a communicable disease emergency and initiate outbreak control measures. A serious communicable disease outbreak may include cases of vaccine-preventable diseases such as measles, diphtheria, rubella (German measles), pertussis (whooping cough), poliomyelitis, *Haemophilus influenzae* type b, varicella (chickenpox), or mumps.
2. The county health department director or administrator may exclude from school, preschool, child care ~~childcare~~ facilities, or family day care ~~daycare~~ centers those children without proper documentation of immunization (or with medical/religious exemptions) for the disease for which the emergency has been declared. In the case of a child care ~~childcare~~ facility, non-compliance may lead to eventual closure.

IX. **Immunization Requirement for Public Assistance Eligibility Under the Family Self Sufficiency Program**

A. Legal Authority:

Effective July 1, 1997, the immunization provision for Family Self Sufficiency Program, temporary cash assistance requires that preschool children, or a child less than 5 years of age, of applicants and recipients of cash assistance must begin and complete childhood immunizations as a condition of eligibility. These requirements are in accordance with section 414.13, *Florida Statutes* and Rule 65A-4.216, *Florida Administrative Code*.

B. Verification of Immunization:

1. Any written statement by a healthcare provider, which contains information that the immunizations are current, the date the next immunization is due, and the dated signature of a healthcare professional licensed under Chapters 458, 459 or 460, *Florida*

Statutes, or an authorized designee, is acceptable as verification of immunization.

2. The DH8037-DCHP-08/2026 ~~680-Form~~ may be used as an acceptable verification, as follows:
 - a. *Florida Certification of Immunization* (DH8037-DCHP-08/2026 ~~680-Form~~, Part A), attesting that the child's immunizations are up-to-date for kindergarten entry.
 - b. Temporary Medical Exemption (DH8037-DCHP-08/2026 ~~680-Form~~, Part B), attesting that the child's immunizations are being brought up-to-date.
 - c. Permanent Medical Exemption (DH8037-DCHP-08/2026 ~~680-Form~~, Part C), attesting that one or more of the child's immunizations have been permanently deferred by a medical exemption.
3. The DH8033-DCHP-08/2026 ~~681-Form~~, *Religious Exemption from Immunization*, is verification for a child who is not immunized because of his/her family's religious tenets or practices. Refer to Section VI for guidance on form completion.

- X. **Questions/Comments Regarding Guidelines:** If you have any questions or comments concerning these Guidelines, please contact your local health department or the Immunization Program representative in your county, the Immunization Program Office or visit www.ImmunizeFlorida.org.

RELIGIOUS EXEMPTION FROM IMMUNIZATION

Exención Religiosa Para La Inmunización
Eksepsyon Pou Kwayans Relijyon Pou Pa Nan Pran Piki Ak Vaksen

Child's Name (printed)

Nombre Del Niño (con letra de imprenta)
Non Timoun Nan (an gran karaktè)

Date of Birth

Fecha De Nacimiento
Dat Li Te Fèt

Child's SS# (optional)

Número De Seguro Social
Del Niño (opcional)
Nimewo Sekirite Sosyal
Timoun Nan (si ou vie)

Name of Parent or Guardian

Nombre Del Padre O Guardián
Non Paran Oubyen Moun Ki
Reskonsab Li Ya

(English) I am the parent or legal guardian of the above-named child. Immunizations are in conflict with my religious tenets or practices, which may include a sincerely held moral or ethical belief. Therefore, I request that my child be enrolled in school, preschool, child day care facilities, or family day care homes without immunizations required by sections 1003.22, F.S., 402.305, F.S., and 402.313, F.S.

The presence of any of the communicable diseases for which immunization is required by the Department of Health in Florida schools, preschools, child day care facilities, or family day care homes shall permit the county health department director or administrator or the State Health Officer to declare a communicable disease emergency. Those children identified as not being immunized against the disease for which the emergency has been declared shall be temporarily excluded from the facility by the district school board or governing authority until such time as is specified by the county health department director or administrator.

(Spanish) Yo soy uno de los padres o el guardián legal del niño mencionado anteriormente. Las inmunizaciones están en conflicto con mis principios o prácticas religiosas, las cuales pueden incluir una creencia moral o ética sincera. Por lo tanto, pido que mi hijo se matricule en el colegio, preescolar, guardería infantil o servicios de cuidado para familias sin las inmunizaciones requeridas por las secciones 1003.22, F.S., 402.305, F.S., y 402.313, F.S.

La presencia de cualquier enfermedad contagiosa contra la cual el Departamento de Salud requiere inmunización en los colegios, preescolares, guarderías infantiles o servicios de cuidado para familias en la Florida permitirá que el director o el administrador del departamento de salud del condado o el oficial de salud estatal declare una emergencia de enfermedad contagiosa. Aquellos niños que sean identificados como no inmunizados contra la enfermedad para la cual se ha declarado la emergencia serán excluidos temporalmente de las instalaciones por parte de la junta del distrito escolar o las autoridades gobernantes hasta que el director o el administrador del departamento de salud del condado especifique que sea necesario.

(Creole) Mwen menm se paran oubyen moun ki reskonsab devan lalwa timoun sa ke nou sot baw non li ya piwo wa. Sa yo ap fè nan san yo tankou piki, seròm ak vaksen pa mache ak prensip oubyen ak pratik ki gen nan legliz mwen yan, ki ka gen ladan yo kwayans moral oswa etik mwen kenbe ak tout sènsite. Poutèt sa, mwen mande ke timoun mwen yan enskri nan lekòl, lekòl matènèl, jaden danfan, oubyen kote yo fè gadri pou timoun, san ke yo pa bezwen pran vaksen yo jan atik 1003.22, F.S., 402.305, F.S., ak 402.313, F.S. yo mandel.

Prezans nenpòt ki maladi kontajye ki bezwen pou moun nan pran piki ak vaksen kan mèm dwe rekòmande pa Sèvis Sante ki nan lekòl yo ki anndan eta Florid la, lekòl matènèl, kote ke yo fasilite swen pou timoun, oubyen nan kay fanmi ki ap bay swen yo pou ka pèmèt direktè oubyen administratè Sante zòn nan oubyen ofi sye sante eta deklare ke ou genyen you maladi kontajye ki gen ijans. Timoun sa yo ke yo idanfi fye ki pa te pran piki, seròm ak lòt bagay nan san kont maladi kontajye ke yo deklare ki gen ijans lan nou pral mete yo deyò pou you ti tan jiskaske direktè ya oubyen administratè sante zòn nan deklare ke lè ya rive pou yo tounen.

Electronic Signature of Parent or Guardian

Firma del Padre o Guardián
Siyati Paran Oubyen Moun Ki Reskonsab Li

Date

Fecha
Dat

Electronic Signature of Director/Administrator

Date

County Health Department



**Authorized School and Licensed or Registered Child Care Facility
User Agreement For Access to Florida SHOTS
(Florida State Health Online Tracking System)**



Florida SHOTS is...

a centralized database for recording and tracking immunizations authorized by s. 381.003, F.S

Completion of this agreement according to the following conditions and instructions is required for authorized access to Florida SHOTS.

TERMS OF AGREEMENT

PLEASE READ CAREFULLY. As a CONDITION for enrolling in the Florida State Health Online Tracking System, AUTHORIZED USERS AGREE TO:

1. Access Florida SHOTS only to verify immunization records for individuals currently under their care.
2. Accept and abide by all relevant laws and regulations concerning medical record confidentiality and Florida SHOTS access (including, but not limited to, sections 381.003 and 456.057, F.S.).
3. Ensure that all personnel accessing Florida SHOTS, as authorized by the applicant, adhere to all laws and regulations pertaining to use and access (including, but not limited to, Rule 60GG-2.001-2.006, F.A.C., aka the Florida Cybersecurity Standards). This includes, but is not limited to:
 - Maintaining user accounts by ensuring only active staff have access and only the access that is needed.
 - No sharing of accounts or other access credentials is to be permitted at any time.
 - Terminate/end personnel/user accounts appropriately within 30 days of separation.
 - Participate in the periodic user access review process to confirm active users.
4. Notify Florida SHOTS immediately regarding any change to responsible provider or other contact information.

In addition, for all authorized users of Florida SHOTS, it is UNDERSTOOD that:

1. Authorized administrators may assign staff access to Florida SHOTS and are solely responsible for managing such access.
2. The authorized school or licensed childcare facility agrees to be solely liable and hold the Department of Health harmless for any breaches of confidentiality by the facility's employees or agents.
3. Access to Florida SHOTS will be terminated upon license revocation or suspension, for breaches of confidentiality or failure to adhere to any portion of this agreement.

Complete and submit the form on page two according to the following instructions:

SECTION I - Authorized responsible individual information

1. Provide the name, title, and email of the authorized/responsible individual of the public or non-public school, or licensed childcare facility. Appropriate responsible authorized individuals include a school nurse or principal, and a childcare facility owner or director. The person listed will be the applicant for the organization.
2. Principals should include their DOE Teaching Certificate #. Licensed nurses (LPN or RN) should include their medical license #. Private schools must attach a copy of license or registration to this agreement.
3. Provide contact name, title, telephone, fax, and email. The contact listed will become the first account administrator.
4. The authorized responsible individual must sign the agreement in the space provided. By signing the agreement, the authorized individual agrees to ensure that all staff accessing Florida SHOTS under his or her authorization will adhere to the same laws and regulations pertaining to access.

SECTION II - Schools and Licensed or registered Child Care Facility Information

1. Check the appropriate box for facility type.
2. Provide the facility name address, city, state, ZIP, county, telephone number and fax number (childcare facilities include your license number).

SECTION III - Agreement Submission

1. Email or mail this form to the email or address indicated. If you have any questions regarding completion of the form or about Florida SHOTS, please call the phone number provided.
2. Agreements will expire every two years after activation. At that time, contact Florida SHOTS for renewal.

Schools and Licensed Child Care Facilities

- ✓ Upon approval and execution of this agreement, login credentials for access to Florida SHOTS will be issued to the authorized responsible individual and any other authorized persons designated as local administrators for the organization. Authorized responsible individuals may then allow their individual staff, who are authorized or approved following standard internal security procedures such as background checks conducted by the facility, to access Florida SHOTS using the authorized responsible individual's authorization. Authorized responsible individuals must ensure staff adherence to all stated policies and rules as noted in the terms of agreement, including appropriate maintenance and use of user accounts. Access to Florida SHOTS may be terminated for non-use, failure to participate in routine user confirmation, or for failure to adhere to the terms of this agreement.

Section I - Agreement by signing below, I agree to abide by all terms of this agreement.

Authorized Responsible Individual Name: _____

Medical License or DOE Teaching Certificate # (if applicable): _____

Title: _____ Email: _____

Signature: _____ Date: _____

Contact Name for this application: _____ Title: _____

Phone: _____ Email: _____

Section II - Schools and Licensed or Registered Child Care Facilities (licensed under ss.402.301-402.319, F.S)

Type of facility: (choose one) ☐ Public School ☐ Non-Public School ☐ Child Care Facility

Facility Name: _____ Facility License (if applicable): _____

Address: _____ City: _____

State: _____ ZIP: _____ County: _____

Phone: _____ Fax: _____ Email: _____

Section III - Agreement Submission

Please keep a copy for your files and email or mail this page of the agreement to:

Florida Department of Health
Immunization Section
Bureau of Epidemiology
4052 Bald Cypress Way, Bin # A11
Tallahassee, Florida 32399-1719

Telephone: 877-888-SHOT (7468)
Email: flshots@flhealth.gov



Immunization Annual Report of Compliance
for Kindergarten and Seventh Grade Compulsory Immunization
Section 1003.22, Florida Statutes

IMMUNIZATION ANNUAL REPORT OF COMPLIANCE
FOR KINDERGARTEN AND SEVENTH GRADE COMPULSORY IMMUNIZATION
FLORIDA STATUTES 1003.22

(A) Private School Information:

Date: _____
Date

Name of School: _____			
Address: _____		Information on the person completing this form:	
City _____ ZIP _____ County _____		Name: _____	
Name of Principal: _____		Position/Agency: _____	
		Phone Number: _____	

(B) Student Information: List only those students not fully immunized for grade. Indicate exemption type of exemption or if out of compliance.

Exemptions expiring before October 1 of the current year that expired before the date on this form are out of compliance.

Student Name (Last, First)	Grade	Medical Exemptions DH8037		Religious Exemption DH8033 DH-681	30-Day Transfer Exemptions List Enrollment Date	Out of Compliance
		Temporary DH-680 (Part B) List Expiration Date	Permanent DH-680 (Part C)			
	K ☐ or 7 th ☐		☐	☐		☐
	K ☐ or 7 th ☐		☐	☐		☐
	K ☐ or 7 th ☐		☐	☐		☐
	K ☐ or 7 th ☐		☐	☐		☐
	K ☐ or 7 th ☐		☐	☐		☐
	K ☐ or 7 th ☐		☐	☐		☐
	K ☐ or 7 th ☐		☐	☐		☐
	K ☐ or 7 th ☐		☐	☐		☐
	K ☐ or 7 th ☐		☐	☐		☐
	K ☐ or 7 th ☐		☐	☐		☐

(C) Summary Information: Provide the total number of students in each category.

Grade	Students Enrolled in Grade	Fully Immunized DH8037 Have DH Form 680 (Part A)	Medical Exemptions DH8037		Religious Exemption DH8033 DH 681	30-Day Transfer Exemptions	Out of Compliance
			Temporary DH 680 (Part B)	Permanent DH 680 (Part C)			
Kindergarten							
Seventh							

Submit to the following local county health department by October 1:

Attention CHD: Add CHD contact information **PRIOR** to copying and distributing. Be sure to include a telephone number.

Submit by October 1, 2011 to: County Health Department



Kindergarten and Seventh Grade
Annual Report of Compliance—County Summary
Compulsory Immunization—Section 1003.22, Florida Statutes

KINDERGARTEN AND SEVENTH GRADE ANNUAL REPORT OF COMPLIANCE COUNTY SUMMARY
COMPULSORY IMMUNIZATION – FLORIDA STATUTES 1003.22

DOH-County: _____

County _____

Date _____

County Health Department data summary of private school manual reporting (from DH8035-DCHP-08/2026):

Grade	Total Number of:			Number of Students in Each Category:				
	<u>Private Schools</u>	<u>Students Children Enrolled</u>	Fully Immunized <u>DH8037</u> Have <u>DH-680</u> (Part A)	Medical Exemptions <u>Temporary DH8037</u> <u>DH-680</u> (Part B)	<u>Permanent DH8037</u> <u>DH-680</u> (Part C)	Religious Exemption <u>DH8033</u> <u>DH-681</u>	30-Day Transfer Exemptions	Out of Compliance
Kindergarten								
Seventh								

Report completed by: _____

Telephone: _____

Date Submitted: _____

Must submit by October 31

Submit to:
Florida Department of Health
Division of Disease Control and Health Protection
Bureau of Epidemiology, Immunization Section
4052 Bald Cypress Way, Bin A-11
Tallahassee, Florida 32399

~~— Send to: — Bureau of Immunization
Field Operations~~

~~— 4052 Bald Cypress Way, Bin A-11
— Tallahassee, Florida 32399-1719~~

~~— Report Submitted by: —~~

~~_____~~
~~Name~~

~~Due Date: October 31, 2011~~



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 381.003, 1003.22, 402.305, 402.313, Florida Statutes
Rule 64D-3.046, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MM/DD/YYYY)
PARENT OR GUARDIAN (Last, First)	CHILD'S SS# (Optional)	STATE IMMUNIZATION ID#	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- For additional information: See DH8032-DCHP-08/2026, Immunization Guidelines - Florida Schools, Child Care Facilities and Family Day Care Homes (2026) for information and instructions on form completion and immunization requirements. Guidelines are available at: www.ImmunizeFlorida.org/schoolguide.pdf.

VACCINE	DOE Code	Dose 1 (MM/DD/YYYY)	Dose 2 (MM/DD/YYYY)	Dose 3 (MM/DD/YYYY)	Dose 4 (MM/DD/YYYY)	Dose 5 (MM/DD/YYYY)
DTaP/DTP, or DT ¹	A, or B					
Tdap, or Td ²	P	Tdap (dose 1)				
	Q	Td (dose 1)	Td (dose 2)	Td (dose 3)		
Polio	D					
MMR (Combined)	F					
MMR (Separate)	G, H	Measles (dose 1)	Measles (dose 2)	Mumps (dose 1)	Mumps (dose 2)	
	I	Rubella (dose 1)	Rubella (dose 2)			

Select appropriate box(es)

Certificate of Immunization for K-12

Part A-Complete

- ☐ DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)
- ☐ DOE Code 8: Immunizations are complete for 7th grade

I have reviewed the records available, and to the best of my knowledge, the above-named child has adequately been immunized for school attendance, as documented above.

Part B—Temporary Medical Exemption Expiration date: _____

- ☐ DOE Code 2 (For children in daycare, family daycare homes, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations in Part A) **Invalid without expiration date.**

I certify that the above-named child has received the immunizations documented above and has commenced a schedule to complete the required immunization. Additional immunizations are not medically indicated at this time.

¹ Pediatric diphtheria-tetanus (DT) vaccine is an acceptable substitute for DTP/DTaP vaccine if pertussis vaccine cannot be given for medical reasons.

² Students who started their immunizations after seven years of age should receive a total of three doses of adult tetanus-diphtheria (Td) vaccine with Tdap replacing one dose of the Td.

Part C—Permanent Medical Exemption

☐ DOE Code 3 (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.) _____

I certify the physical condition of this child is such that immunizations as indicated in Part C above are medically contraindicated.

Physician or Clinic Name:	Physician or
_____	Authorized Signature: _____
_____	Electronic Certification: _____
_____	Date: _____
_____	Issued by: _____

Florida SHOTS is a centralized database for recording and tracking immunizations authorized by s. 381.003, F.S.

Completion of this agreement according to the following conditions and instructions is required for authorized access to Florida SHOTS.

TERMS OF AGREEMENT

PLEASE READ CAREFULLY. As a CONDITION for enrolling in the Florida State Health Online Tracking System, AUTHORIZED USERS AGREE TO:

1. Access Florida SHOTS only to verify, record, and/or update immunization and patient information for patients currently under their care.
2. Provide DH8029-DCHP-08/2026 (English), DH8030-DCHP-08/2026 (Spanish), or DH8030-DCHP-08/2026 (Haitian Creole) Florida SHOTS Notification and Opt-Out Form (eff. 08/2026), upon request not to participate in Florida SHOTS. Include notice of same in consent for treatment for all patients up to 17 years of age.
3. Allow parents and legal guardians to review information in their child's immunization record to ensure accuracy and completeness.
4. Enter complete, accurate, and timely current and historic vaccination data in Florida SHOTS.
5. Accept and abide by all relevant laws and regulations concerning medical record confidentiality and Florida SHOTS access (including, but not limited to, sections 381.003 and 456.057, F.S.).
6. Ensure that personnel accessing Florida SHOTS, as authorized by the licensed health care provider, adhere to all laws and regulations pertaining to use and access (including, but not limited to, Rules 60GG-2.001-2.006, F.A.C., aka the Florida Cybersecurity Standards). This includes, but is not limited to:
 - Maintaining user accounts by ensuring only active staff have access and only the access that is needed.
 - No sharing of accounts or other access credentials is to be permitted at any time.
 - Terminate/end personnel/user accounts appropriately within 30 days of separation.
 - Participate in the periodic user access review process to confirm active users.
7. Notify Florida SHOTS immediately regarding any change to responsible provider or other contact information.

In addition, for all authorized users of Florida SHOTS, it is UNDERSTOOD that:

1. Authorized administrators may assign staff access to Florida SHOTS and are solely responsible for managing such access.
2. Any authorized user can view or update the demographic and immunization information in the system for any patient under their care but can only modify vaccination information they provided.
3. The authorized licensed provider agrees to be solely liable and hold the Department of Health harmless for any breaches of confidentiality by the provider or the provider's employees or agents.
4. Access to Florida SHOTS will be terminated upon license revocation or suspension, for breaches of confidentiality, or failure to adhere to any portion of this agreement.

Complete and submit the form on page two according to the following instructions:

SECTION I - Licensed Health Care Provider Information

1. Provide the name, license number, and email of a health care provider licensed under Chapters 458, 459, or 464, F.S. Provide VFC pin #, NPI, and EMR if applicable. The listed provider will be the applicant for the organization.
2. Provide contact name, title, telephone, fax, and email. The contact listed will become the first account administrator.
3. The licensed provider must sign and date the agreement in the space provided. By signing the agreement, the authorized individual agrees to ensure that all staff accessing Florida SHOTS under his or her authorization will adhere to the same laws and regulations pertaining to access.

SECTION II - Provider Organization/Site Information

1. Provide the full legal organization/business name and state reason for access.
2. Provide the service site/location name(s) and site type(s) and/or describe the type fully.
3. Provide the address, city, state, ZIP, county, phone, fax, and site contact name and email for each site/location under this provider's authority.

SECTION III - Agreement Submission

1. Email or mail this form to the email or address indicated. If you have any questions regarding completion of the form or about Florida SHOTS, please call the phone number provided.
2. Agreements will expire two years after activation. At that time, contact Florida SHOTS for renewal.

Licensed Health Care Provider (licensed under Chapters 458, 459 or 464, F.S.)

- ✓ Upon approval and execution of this agreement, login credentials for access to Florida SHOTS will be issued to the provider and any other authorized persons designated as local administrators for the organization. The provider may then allow their individual staff, who are authorized or approved following standard internal security procedures such as background checks conducted by the facility, to access Florida SHOTS using the authorized responsible individual's authorization. Providers are responsible for ensuring staff adherence to all stated policies and rules as noted in the terms of agreement, including appropriate maintenance and use of user accounts. Access to Florida SHOTS may be terminated for non-use, failure to participate in routine user confirmation, or for failure to adhere to the terms of this agreement.

Section I - Agreement by signing below, I agree to abide by all terms of this agreement.

Licensed Provider Name: _____

License #: _____ Email: _____

Signature: _____ Date: _____

Vaccines for Children PIN# (If applicable): _____ NPI #: _____

Electronic Medical Records provider: _____

Contact Name for this application: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Section II - Provider Organization/Site Information

Please list information for your organization and service sites/location(s) below. If your organization has more than two service sites/locations, additional sheets may be attached as necessary.

Organization name: _____

Reason for access: _____

Site/location name: _____

Site type: (CMS, CHC, Hospital Clinic/ER/Birthing, Military, School/University Clinic, Family/Internal/Pediatric Medicine, etc.)

Address: _____

City: _____ State: _____

ZIP: _____ County: _____

Phone: _____ Fax: _____

Site contact name: _____

Site contact email: _____

Site/location name: _____

Site type: (CMS, CHC, Hospital Clinic/ER/Birthing, Military, School/University Clinic, Family/Internal/Pediatric Medicine, etc.)

Address: _____

City: _____ State: _____

ZIP: _____ County: _____

Phone: _____ Fax: _____

Site contact name: _____

Site contact email: _____

Section III - Agreement Submission

Please keep a copy for your files and email or mail this page of the agreement to:

Florida Department of Health
Immunization Section
Bureau of Epidemiology
4052 Bald Cypress Way, Bin # A11
Tallahassee, Florida 32399-1719

Telephone: 877-888-SHOT (7468)
Email: flshots@flhealth.gov