

<u>Last Name</u>	<u>First Name</u>	<u>DOB</u> <u>(mm/dd/yyyy)</u>	<u>Sex</u>
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<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zipcode</u>	<u>FL County Of Residence</u>
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<u>Phone Number</u>	<u>Race</u>	<u>Ethnicity</u>	<u>Date Given</u> <u>(mm/dd/yyyy)</u>	<u>Vaccine</u>	<u>Manufacturer</u>
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<u>Lot Number</u>	<u>NDC</u>	<u>Vaccine Exp. Date</u> <u>(mm/yyyy or mm/dd/yyyy)</u>	<u>VIS Pub Date</u> <u>(mm/dd/yyyy)</u>	<u>Inj Site</u>	<u>Inj Route</u>	<u>Eligibility</u>
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<u>Risk Factors</u>	<u>Given By Name</u>	<u>Given by Credentials</u>
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#FLShots Version Nbr: 03/02/2021 1#

LAST NAME	
FIRST NAME	
DOB	
SEX	
STREET ADDRESS/CITY	
STATE	
ZIP CODE	
COUNTY OF RESIDENCE	
PHONE NUMBER	**
RACE	**
ETHNICITY	

PATIENT INFORMATION

Verify spelling and any punctuation.

Verify spelling and any punctuation.

Enter the date of birth in the month/day/4-digit year format. **Ex. February 14, 1995 = 02/14/1995**; Do not format cells to minimize

Enter "*Male*" as **M**; Enter "*Female*" as **F**; Enter "*Unknown*" as **U**

Please verify all information is current.

FL - all other states, please see the "*States*" tab for those abbreviations.

Zip Code can be either the 5 or 9 digit zip code. An embedded dash is not required, but may be used.

See "*Counties*" tab for an alphabetical list of all Florida counties. For counties in states other than Florida, use **OUT-OF-STATE**

When provided, *must* include the area code. Formatting (parentheses, dash) is optional. Extensions are not permitted.

See the "*Races*" tab for a complete list; Use the abbreviation given exactly as it is written or it will not be accepted.

Attention: This is now required. Enter "*HISPANIC OR HAITIAN ORIGIN*" as **Y**; Enter "*NOT HISPANIC OR HAITIAN ORIGIN*" as **N**;

State codes

	<u>NAME</u>	<u>ABBREV</u>
Enter the ABBREV	ALABAMA	AL
	ALASKA	AK
	ARIZONA	AZ
	ARKANSAS	AR
	CALIFORNIA	CA
	COLORADO	CO
	CONNECTICUT	CT
	DELAWARE	DE
	DISTRICT OF COLUMBIA	DC
	FLORIDA	FL
	GEORGIA	GA
	GUAM	GU
	HAWAII	HI
	IDAHO	ID
	ILLINOIS	IL
	INDIANA	IN
	IOWA	IA
	KANSAS	KS
	KENTUCKY	KY
	LOUISIANA	LA
	MAINE	ME
	MARYLAND	MD
	MASSACHUSETTS	MA
	MICHIGAN	MI
	MINNESOTA	MN
	MISSISSIPPI	MS
	MISSOURI	MO
	MONTANA	MT
	NEBRASKA	NE
	NEVADA	NV
	NEW HAMPSHIRE	NH
	NEW JERSEY	NJ
	NEW MEXICO	NM
	NEW YORK	NY
	NORTH CAROLINA	NC
	NORTH DAKOTA	ND
	OHIO	OH
	OKLAHOMA	OK
	OREGON	OR
	PENNSYLVANIA	PA
	PUERTO RICO	PR
	RHODE ISLAND	RI
	SOUTH CAROLINA	SC
	SOUTH DAKOTA	SD
	TENNESSEE	TN
	TEXAS	TX
	UTAH	UT
	VERMONT	VT

VIRGIN ISLANDS	VI
VIRGINIA	VA
WASHINGTON	WA
WEST VIRGINIA	WV
WISCONSIN	WI
WYOMING	WY

County codes**FLORIDA**

ALACHUA

BAKER

BAY

BRADFORD

BREVARD

BROWARD

CALHOUN

CHARLOTTE

CITRUS

CLAY

COLLIER

COLUMBIA

DADE

DESOTO

DIXIE

DUVAL

ESCAMBIA

FLAGLER

FRANKLIN

GADSDEN

GILCHRIST

GLADES

GULF

HAMILTON

HARDEE

HENDRY

HERNANDO

HIGHLANDS

HILLSBOROUGH

HOLMES

INDIAN RIVER

JACKSON

JEFFERSON

LAFAYETTE

LAKE

LEE

LEON

LEVY

LIBERTY

MADISON

MANATEE

MARION

MARTIN

MONROE

NASSAU

OTHER

OUT-OF-STATE

OKALOOSA
OKEECHOBEE
ORANGE
OSCEOLA
PALM BEACH
PASCO
PINELLAS
POLK
PUTNAM
SANTA ROSA
SARASOTA
SEMINOLE
ST. JOHNS
ST. LUCIE
SUMTER
SUWANNEE
TAYLOR
UNION
UNKNOWN
VOLUSIA
WAKULLA
WALTON
WASHINGTON

Races

	NAME	ABBREV
Enter the ABBREV	AMERICAN INDIAN/ALASKAN	AMINDIAN
	ASIAN INDIAN	ASIANIND
	BLACK/AFRICAN AMERICAN	BLACK
	CHINESE	CHINESE
	FILIPINO	FILIPINO
	GUAMANIAN/CHARMORRO	GUAM
	HAWAIIAN	HAWAIIAN
	JAPANESE	JAPANESE
	KOREAN	KOREAN
	OTHER ASIAN	ASIANOTH
	OTHER NONWHITE	OTHER
	OTHER PACIFIC ISLANDER	PACOTHER
	SAMOAN	SAMOAN
	UNKNOWN	UNKNOWN
	VIETNAMESE	VIETNAMESE
	WHITE	WHITE

Please enter one of the following into the "Ethnicity" column.

IF THE ETHNICITY IS:

- Hispanic or Haitian origin
- NOT Hispanic or Haitian origin
- Unknown

ENTER:

- Y
- N
- U

Vaccines

NAME

Enter the NAME

- COVID-19 JANSSEN
- COVID-19 MODERNA
- COVID-19 PFIZER
- COVID-19 UNK

Vaccine Mfgs

	<u>NAME</u>	<u>ABBREV</u>
Enter the ABBREV	JANSSEN	JSN
	MODERNA US, INC.	MOD
	PFIZER, INC	PFR

Injection Sites

	Description	ABBREV
Enter the ABBREV	LEFT ARM	LA
	LEFT DELTOID	LD
	LEFT GLUTEOUS MEDIUS	LG
	LEFT LOWER FOREARM	LLFA
	LEFT THIGH	LT
	LEFT VASTUS LATERALIS	LVL
	RIGHT ARM	RA
	RIGHT DELTOID	RD
	RIGHT GLUTEOUS MEDIUS	RG
	RIGHT LATERAL THIGH	RLT
	RIGHT LOWER FOREARM	RLFA
	RIGHT THIGH	RT
	RIGHT VASTUS LATERALIS	RVL

Injection Routes

	<u>Description</u>	<u>ABBREV</u>
Enter the ABBREV	INTRADERMAL	ID
	INTRAMUSCULAR	IM
	INTRAVENOUS	IV
	PERCUTANEOUS	PCT
	SUBCUTANEOUS	SC
	TRANSDERMAL	TRD

Eligibilities

	Description	ABBREV
Enter the ABBREV	COVID-19 NON-VFC PRIVATELY INSURED	FLSHOTS071
	COVID-19 NON-VFC UNDERINSURED	FLSHOTS072
	COVID-19 NON-VFC UNINSURED	FLSHOTS073
	COVID-19 UNSPECIFIED ELIGIBILITY	FLSHOTS074

Risk Factors**NAME OF FACTOR***When entering more than one, separate th*

AGE 65+ (EXCLUDING LTCF)

FIREFIGHTER

HEALTH CARE PERSONNEL

LAW ENFORCEMENT

LTCF RESIDENT

LTCF STAFF

PHYSICIAN ORDERED

SCHOOL EMPLOYEE

UNKNOWN

e values with a semi-colon (;)