

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. DH Form 680, Florida Certification of Immunization (~~March 2025 July 2010~~), incorporated by reference, available from Department of Health (DOH) county health departments (CHDs) or physicians' offices, or online at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX> ~~http://www.flrules.org/Gateway/reference.asp?No=Ref-02410~~, or

2. DH Form 681, Religious Exemptions for Immunizations (English/Spanish/Haitian-Creole) (~~March 2025 July 2008~~), incorporated by reference, available at DOH CHDs, must be signed by the local county health department medical director or designee. The form is available online at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX> ~~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, Childcare Facilities and Family Daycare Homes DH Form 150-615 (~~March 2025 March 2013~~), incorporated by reference, available online at: <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXX> ~~http://www.flrules.org/Gateway/reference.asp?No=Ref-02342~~.

1. Temporary or permanent medical exemption DH 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 DH 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. Florida SHOTS (State Health Online Tracking System) Electronically Certified DH Form 680 accessed directly by the school is considered certified in writing and signed by the Florida SHOTS private provider.

(3) through (5) No change.

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

(a) 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 submitting a Florida SHOTS Notification and Opt-Out Form to the DOH Immunization Section upon electing to opt out.

(b) 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 submitting the form to the DOH Immunization Section upon electing to opt out.

(c) 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. The health care practitioner or entity shall submit the form to the DOH Immunization Section. A parent or guardian may submit the opt-out form directly to the DOH Immunization Section.

(d) Upon receipt of the form by DOH Immunization Section, any identifying information pertaining to the child or college or university student shall be removed from Florida SHOTS.

(e) The Opt-Out Form, either a DH Form 1478 (English) (~~March 2025 January 2007~~) or DH Form 1478S (Spanish) (~~March 2025 September 2003~~) or DH Form 1478H (Haitian-Creole) (~~March 2025 January 2006~~), incorporated by reference, is available online at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX>, from the DOH Immunization Section, 4052 Bald Cypress Way, Bin #A-11, Tallahassee, FL 32399-1719, or from the health care practitioner or entity that provides the immunization. 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.

(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 DH Form 1479, Authorized Private Provider User Agreement for Access to Florida SHOTS (January 2007), incorporated by reference, available from the DOH ~~Bureau of~~ Immunization Section, 4052 Bald Cypress Way, Bin #A-11, Tallahassee, FL 32399-1719. The DH 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 DH Form 2115, Authorized School and Licensed or Registered Child Care Facility User Agreement for Access to Florida SHOTS (January 2007), incorporated by reference, available from the DOH, ~~Bureau of Immunization Section~~, 4052 Bald Cypress Way, Bin #A-11, Tallahassee, FL 32399-1719. The DH 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 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,_____.