



**FLORIDA CERTIFICATION OF IMMUNIZATIONS  
FORM 680 REQUEST**

**ALLOW MINIMUM OF 3 BUSINESS DAYS FOR  
COMPLETION**

**Florida Department of Health-Okaloosa County**

221 Hospital Dr. NE, Fort Walton Beach (FWB)  
FWB Immunization Office Phone: (850) 833-9246  
FWB Immunization Office Fax: (850) 833-3442  
810 E James Lee Blvd, Crestview (CV)  
CV Office Phone: (850) 833-9246  
CV Office Fax: (850) 689-5928

**PRINT CLEARLY**

**CERTIFIED DOCUMENT \$15.00 EACH**

FWB CV

CHILD'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ RACE: \_\_\_\_\_  
Month/day/year

MALE  FEMALE  AGE: \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

Form Completed by: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(PRINT Parent or Guardian Name)

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent Guardian Signature

Form will be picked up by me  Emailed per below  Waiting (Completed reprints only)

I hereby authorize and give consent to FDOH-Okaloosa to e-mail my child's vaccination record (DH Form 680) using Office 365 encrypted e-mail to the following e-mail address:

E-mail address \_\_\_\_\_

I personally assume responsibility for retrieval and security of the same.

NOTE: DH Form 680 and Immunization History files may not open on all cell phone operating systems. Email will auto-delete 24-hours after opening file; please be ready to print or save documents upon opening.

Signature Authorizing DH Form 680 E-mail: \_\_\_\_\_

**For Staff Use Only**

Date requested: \_\_\_\_\_

Date Transcribed: \_\_\_\_\_ Confirmed payment  Emailed:  \*Ready for pick-up

Date notified form is ready/by whom: \_\_\_\_\_

\*Pick up at cashier window

**Not Complete, Needs Attention:**

Child needs shots  Records not complete  Other  \_\_\_\_\_

Contacted parent/guardian for resolution. Contacted by: \_\_\_\_\_

Scheduled appointment  Other  \_\_\_\_\_

**DO NOT GIVE THIS FORM TO THE CLIENT. REMOVE FROM PACKET AND SCAN TO HMS ATTACH DOCUMENTS UNDER CONSENTS,**