

## Optional Person Level Reporting of Weekly COVID-19 Vaccination for Healthcare Personnel 57.217

(Note: This form is used for the Long-term Care Facility and Healthcare Personnel Safety Components.)

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\*Required for saving \*\*conditionally required

Person-Level COVID-19 Vaccination Form – HPS Component				
Facility ID*:		Vaccine Location Type*: <input type="checkbox"/> VACCHOSP <input type="checkbox"/> VACCIPF <input type="checkbox"/> VACCIRF		Unique HCP ID**
HCP Category*: <input type="checkbox"/> Employees <input type="checkbox"/> - Licensed independent practitioners <input type="checkbox"/> Volunteers <input type="checkbox"/> Other Contract Personnel		Employee Start Date*		Employee End Date**
First Name*:		Last Name*:		Date of Birth*:
Gender* (Specify):		Gender Identity (Specify):		
Sex at Birth (Specify):		Race* (Specify):		
Ethnicity* (Specify):				
Vaccine Documentation				
Medical Contraindication Date**		Declination Date**: Reason: <input type="checkbox"/> Religious <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Unknown/Other Vaccination Status Date**:
Dose 1 Vaccine Manufacturer Name**	Dose 1 Vaccination Date**	Dose 1 Vaccine NDC Number	Dose 1 Vaccine Lot Number	Dose 1 Vaccine Expiration Date
Dose 2 Vaccine Manufacturer Name**	Dose 2 Vaccination Date**	Dose 2 Vaccine NDC Number	Dose 2 Vaccine Lot Number	Dose 2 Vaccine Expiration Date
Dose 3 Vaccine Manufacturer Name**	Dose 3 Vaccination Date**	Dose 3 Vaccine NDC Number	Dose 3 Vaccine Lot Number	Dose 3 Vaccine Expiration Date
Dose 4 Vaccine Manufacturer Name**	Dose 4 Vaccination Date**	Dose 4 Vaccine NDC Number	Dose 4 Vaccine Lot Number	Dose 4 Vaccine Expiration Date
Dose 5 Vaccine Manufacturer Name**	Dose 5 Vaccination Date**	Dose 5 Vaccine NDC Number	Dose 5 Vaccine Lot Number	Dose 5 Vaccine Expiration Date
Dose 6 Vaccine Manufacturer Name**	Dose 6 Vaccination Date**	Dose 6 Vaccine NDC Number	Dose 6 Vaccine Lot Number	Dose 6 Vaccine Expiration Date
Dose 7 Vaccine Manufacturer Name**	Dose 7 Vaccination Date**	Dose 7 Vaccine NDC Number	Dose 7 Vaccine Lot Number	Dose 7 Vaccine Expiration Date
Dose 8 Vaccine Manufacturer Name**	Dose 8 Vaccination Date**	Dose 8 Vaccine NDC Number	Dose 8 Vaccine Lot Number	Dose 8 Vaccine Expiration Date
Dose 9 Vaccine Manufacturer Name**	Dose 9 Vaccination Date**	Dose 9 Vaccine NDC Number	Dose 9 Vaccine Lot Number	Dose 9 Vaccine Expiration Date
Dose 10 Vaccine Manufacturer Name**	Dose 10 Vaccination Date**	Dose 10 Vaccine NDC Number	Dose 10 Vaccine Lot Number	Dose 10 Vaccine Expiration Date
Vaccination Education Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No      Date:			Comments:	
<p>Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).</p> <p>CDC estimates the average public reporting burden for this collection of information as 60 min minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of</p>				

information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1317). CDC 57.217 V.1 September 2024