NIH COVID-19 Vaccination Attestation Intake Form
(non-NIH vaccination facility)

DEMOGRAPHIC BREAKDOWN: None

QUOTAS AND ELIGIBILITY: None

Introduction
August 2021

Introduction

We value the trust and confidence that you place in the NIH Occupational Medical Service (OMS), and we are committed to protecting your privacy. The Personally Identifiable Information (PII) about you collected in this form will be stored in your OMS Electronic Health Record (EHR). The OMS EHR is a government application. The OMS EHR application is hosted on internal servers operated by the Office of Research Services (ORS), Office of Innovation and Information Technology (OIIT) and by the National Institutes of Health Clinical Center's (NIH/CC) Department of Clinical Research Informatics (DCRI). The NIH has a COVID-19 vaccination requirement for persons working in Building 10, those with patient contact, or probable patient contact. This policy, in combination with the guidelines issued by the Safer Federal Workforce Task Force created by President Biden's Executive Order 13991 has instructed Federal Agencies to inquire about the COVID-19 vaccination status of persons (paid and unpaid) working onsite in Federal buildings. Additionally, the NIH now requires all persons working with patients or potentially having contact with patients to be vaccinated. The information collected in this notice will be used to ensure compliance with these requirements, generate the list of persons required to be tested weekly, and will provide important information regarding safety frameworks, guidance, and procedures.

Eligibility Questions (See following pages)

OMS - COVID-19 Vaccination Received in the Community (non-NIH vaccination facility) `PID 160`

☑ Online Designer ▾

Since this project is currently in PRODUCTION, changes will not be made in real time. Tell me more

| Submit Changes for Review | Fields to be added: 20 / Total resulting field count: 33 |
| | Fields to be deleted: 3 / Existing field count: 16 |

Remove all drafted changes   🔍 View detailed summary of all drafted changes

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📷 Create snapshot of instruments   ▦ VIDEO: How to use this page
Last snapshot: never ?

This page allows you to build and customize your data collection instruments one field at a time. You may add new fields or edit existing ones. New fields may be added by clicking the Add Field buttons. You can begin editing an existing field by clicking on the 🖉 Edit icon. If you decide that you do not want to keep a field, you can simply delete it by clicking on the ✖ Delete icon. To reorder the fields, simply **drag and drop** a field to a different position within the form below.

Learn how to use [⬇] Smart Variables | 🖉 Piping | @ Action Tags | ↧ Field Embedding | √ Special Functions

◀ Return to list of instruments | 🗎 Survey settings

Current instrument: **COVID-19 Vaccination Status Attestation**   Preview instrument

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🖉 *Variable: record_id*   * This field will NOT be displayed on the survey page.
* You should NOT use identifiers (e.g., MRN, SSN) for the record ID field.

Record ID

NOTE: The field above is the record ID field and thus cannot be deleted or moved. It can only be edited.

Add Field | Add Matrix of Fields

🖉✖
Employee Information

Add Field | Add Matrix of Fields

🖉 ᴛ 🗐 📝 ✖   *Variable: first_name*
First Name
* must provide value

Add Field | Add Matrix of Fields

🖉 ᴛ 🗐 📝 ✖   *Variable: middle_name*
Middle Name

Add Field | Add Matrix of Fields

🖉 ᴛ 🗐 📝 ✖   *Variable: last_name*
Last Name
* must provide value

Add Field | Add Matrix of Fields

🖉 ᴛ 🗐 📝 ✖   *Variable: hhs_id*
NIH ID Number (no dashes)
* must provide value

Your NIH ID Number is the 10-digit Personal Identifier found on the back of your PIV card. Please enter the full number, including any zeros, and without any dashes (e.g. 0012345678). You may also find your ID number in the NIH Enterprise Directory at https://ned.nih.gov.

Add Field | Add Matrix of Fields

🖉 ᴛ 🗐 📝 ✖   *Variable: email_address*
Email Address
* must provide value

Please enter your email address so that you may be contacted if there are questions on your submission.

Add Field | Add Matrix of Fields

🖉 ✖

For persons who choose not to complete the form, or indicate they do not want to disclose their information, it will be assumed that they are not fully vaccinated for purposes of applicable safety measures and/ or compliance with the policy for vaccination in healthcare settings. If you are not vaccinated due to medical or religious reasons, please check "I have not been vaccinated" and upload the signed COVID-19 medical declination form provided with the Mandatory Vaccination Policy and on the DOHS homepage. If you have received one dose of a two-dose vaccine, or if you received your final dose of any vaccine less than two weeks ago, then you will be treated as not fully vaccinated for purposes of applicable safety measures.

Add Field | Add Matrix of Fields

🖉 🌱 📋 📝 🛑 ✖ *Variable: vax_status*

Please check the box below that coincides your current COVID-19 vaccination status:

* must provide value

- ○ I am fully vaccinated. Persons are considered "fully vaccinated" two weeks after completing the full series of a COVID-19 vaccine authorized for use by the U.S. Food and Drug Administration (e.g., Pfizer, Moderna, or Janssen).
- ○ I am not yet fully vaccinated-I received my first dose of an FDA authorized mRNA vaccine.
- ○ I have not been vaccinated.
- ○ I decline to respond.

reset

Add Field | Add Matrix of Fields

🖉 🌱 📋 📝 🛑 ✖ *Variable: vax_manufacturer*   *Branching logic: [vax_status] = '1'*

Vaccine Manufacturer

* must provide value

- ○ Moderna
- ○ Pfizer-BioNTech
- ○ Janssen (Johnson & Johnson)

reset

Add Field | Add Matrix of Fields

🖉 🌱 📋 📝 ✖ *Variable: date_first_dose*   *Branching logic: [vax_manufacturer] = '1' or [vax_manufacturer] = '2' or [vax_ma...*

First Dose Date

* must provide value

[   ] 📅 M-D-Y

Please enter the date that you received your first dose.

Add Field | Add Matrix of Fields

🖉 🌱 📋 📝 ✖ *Variable: date_second_dose*   *Branching logic: [vax_manufacturer] = '1' or [vax_manufacturer] = '2'*

Second Dose Date

* must provide value

[   ] 📅 M-D-Y

Please enter the date that you received (or will receive) your second dose.

Add Field | Add Matrix of Fields

🖉 🌱 📋 📝 ✖ *Variable: days_between_doses*   *Branching logic: ([vax_manufacturer] = '1' or [vax_manufacturer] = '2') and ([da...*

Dose 2 date must be after Dose 1 date.

Add Field | Add Matrix of Fields

🖉 🌱 📋 📝 🛑 ✖ *Variable: partial_vax_manufacturer*   *Branching logic: [vax_status] = '2'*

Vaccine Manufacturer

* must provide value

- ○ Moderna
- ○ Pfizer-BioNTech

reset

Add Field | Add Matrix of Fields

🖉 🌱 📋 📝 ✖ *Variable: partial_date_first_dose*   *Branching logic: [vax_status] = '2'*

First Dose Date (you have not received second dose)

* must provide value

[   ] 📅 M-D-Y

Please enter the date that you received your first dose.

Add Field | Add Matrix of Fields

🖉 🌱 📋 📝 🛑 ✖ *Variable: not_vax*   *Branching logic: [vax_status] = '3'*

* must provide value

- ○ I have a medical contraindication to vaccination (upload medical declination form)
- ○ I have a religious exemption (upload religious exemption form)
- ○ Other

reset

3

| Add Field | Add Matrix of Fields |

🖊 🚩 📋 📤 ✖ *Variable: declination_form* *Branching logic: [not_vax] = '1' or [not_vax] = '2'*

Please upload your medical declination or religious exemption form

⬆ Upload file

* must provide value

| Add Field | Add Matrix of Fields |

🖊 ✖

| Add Field | Add Matrix of Fields |

🖊 🚩 📋 📤 ✖ *Variable: full_name*

Type Your Full Name

[   ]

* must provide value

| Add Field | Add Matrix of Fields |

🖊 🚩 📋 📤 🛑 ✖ *Variable: attest_checkbox*

☐ I attest that the information provided in this form is accurate and true to the best of my knowledge.

* must provide value

I understand that a knowing and willful false statement on this form may be punishable by fine and/or imprisonment (18 U.S.C. 1001). Checking "I decline to respond" does not constitute a false statement. I understand that making a false statement on this form could result in additional administrative action, including an adverse personnel action, up to and including removal from my position.

| Add Field | Add Matrix of Fields |