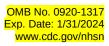




Resident COVID-19 Event Form

	*Facility ID:	Event #:		
	*Resident ID:			
	Medicare number (or comparable railroad insurance number):			
	*Resident Name: Last: First:	Middle:		
	*Gender: M F Other	*Date of Birth:/		
	*Ethnicity (specify):	*Race (specify):		
	*Veteran Resident Type: Veteran Veteran Spous	e Gold Star Parent Other (Specify)		
	Event	Details		
	*Event Type: COVID-19	*Date of Current Admission to Facility:/_/		
	*Date of Event: / /			
'	_			
	TYPE: The resident was determined to be SARS-CoV-2 pos	itive using which of the following testing options (ONL	Υ	
CHOOS	SE ONE):			
F	Positive SARS-CoV-2 antigen test only [no other testing perfe	ormed]		
Positive SARS-CoV-2 NAAT (PCR) only [no other testing performed]				
[±] Positive SARS-CoV-2 antigen test and negative SARS-CoV-2 NAAT (PCR)				
±	Any other combination of SARS-CoV-2 NAAT (PCR) and/or	antigen test(s) with at least one positive test		
		N/ID 40	_	
*KE-IN	FECTIONS: Respond to questions based on the current CC	OVID-19 event (SARS-COV-2 Intection):		
*Is the resident considered to be re-infected with SARS-CoV-2? ☐ Yes ☐ No				
**If applicable, was the resident symptomatic at the time of re-infection? \square Yes \square No				
	• •			
	INATION STATUS: Indicate if the resident received a COVII	D-19 vaccine at least 14 days before the newly		
positive	e viral test result:			
□ Not	vaccinated with COVID-19 vaccine or specimen collected les	ss than 14 days after dose 1		
□ Pfize	er-BioNTech COVID-19 vaccine (choose one):			
	Dose 1 received at least 14 days before the newly posit	tive viral test result		
	Dose 2 received at least 14 days before the newly posit	live virai test result		
□ Mod	lerna vaccine (choose one):			
	Dose 1 received at least 14 days before the newly posit	tive viral test result		
	Dose 2 received at least 14 days before the newly posit	tive viral test result		
□ Janssen (Only 1 dose)				
□ Unspecified: Completed COVID-19 vaccination series; unspecified manufacturer				





*COVID-19 THERAPY: Indicate if the resident received event (SARS COV-2 infection):	I one of the following therapeutic options for the current COVID-19			
□ Did not receive				
□ Casirivimab plus Imdevimab (Regeneron)				
Received therapy from stock stored at this facility?	□ Yes □ No			
□ Bamlanivimab plus etesevimab (Lilly)				
Received therapy from stock stored at this facility? \square Yes \square No				
*COVID-19 DEATH: Did the resident die from COVID-19 relactions? *COVID-19 DEATH: Did the resident die from COVID-19 relactions? □ Yes □ No				
□ Yes □ No	**Date of death/_/			
**Date of hospitalization/_/				
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)).				
CDC estimates the average public reporting burden for this collection of information as 40 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 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)				