

Staff and Personnel

*Facility ID:		Event #:	
*Staff ID:			
* Name: First:		Middle:	Last:
*Gender: F M Other		*Date of Birth: ___/___/___	
Collecting race and ethnicity is important for understanding trends in the COVID-19 pandemic and ensuring the well-being of racial and ethnic minority groups. *Ethnicity (specify): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Declined to respond <input type="checkbox"/> Unknown		Collecting race and ethnicity is important for understanding trends in the COVID-19 pandemic and ensuring the well-being of racial and ethnic minority groups. *Race (specify): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Declined to respond <input type="checkbox"/> Unknown	

Event Details

*Event Type: COVID-19	*Date of Event: ___/___/___
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COVID-19 Event Form

***TEST TYPE:** The staff member was determined to have a newly positive SARS-CoV-2 viral test result using which of the following testing options (*select only one*):

Positive SARS-CoV-2 antigen test **only** [no other testing performed]

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

± Only select if the two tests were performed **within 2 calendar days from initial test** (test date is calendar day one). Otherwise, select the first test performed only.

***RE-INFECTIONS:** Respond to questions based on the current COVID-19 event (SARS-COV-2 infection).

Is the staff member considered to be re-infected with SARS-CoV-2? Yes No

If applicable, was the staff member symptomatic at the time of re-infection? Yes No

***VACCINATION STATUS:** Indicate if the staff member received a COVID-19 vaccine **14 days or more** before the specimen collection date:

Not vaccinated:

- Not vaccinated with COVID-19 vaccine.
- First dose administered 13 days or less before the specimen collection date.

Vaccinated:

*Dose 1 Yes No

**Vaccination Date: <Drop down menu>

** Manufacturer: <Drop down menu>

MM/YYYY
Unknown

MODERNA - Moderna COVID-19 vaccine
PFIZBION - Pfizer-BioNTech COVID-19 vaccine
JANSSEN – Janssen COVID-19 vaccine
UNSPECIFIED – unspecified vaccine manufacturer

*Dose 2^v Yes No

**Vaccination Date: <Drop down menu>

** Manufacturer: <Drop down menu>

*Additional Dose 3[±] Yes No **Vaccination Date: <Drop down menu>

** Manufacturer: <Drop down menu>

* Additional Dose 4[±] Yes No **Vaccination Date: <Drop down menu>

** Manufacturer: <Drop down menu>

^vsecond dose received 14 days or more before the specimen collection date; otherwise, count as only dose 1.

[±] Additional dose received 14 days or more before the specimen collection date.

***COVID-19 DEATH:** Did the staff member die from COVID-19 related complications?

Yes No

**Date of death __/__/____

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 25 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 (0920-1306). CDC 57.160 (Front) September 2021 V9