OMB No. 0920-1317
Exp. Date: 1/31/2024
www.cdc.gov/nhsn

Staff and Personnel

*Facility ID:	Event #:
*Staff ID:	
* Name: Last: First:	Middle:
*Gender: M F Other	*Date of Birth: ___/___/____
*Ethnicity (specify):	*Race (specify):

Event Details

*Event Type: **COVID-19** *Date of Event: __/__/____

COVID-19 Event Form

***TEST TYPE:** The staff member was determined to be SARS-CoV-2 positive using which of the following testing options (ONLY CHOOSE 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

***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 at least 14 days before the newly positive viral test result.

□ Not vaccinated with COVID-19 vaccine or specimen collected less than 14 days after dose 1

□ Pfizer-BioNTech COVID-19 vaccine (choose one):

__ Dose 1 received at least 14 days before the newly positive viral test result

__ Dose 2 received at least 14 days before the newly positive viral test result

□ Moderna vaccine (choose one):

__ Dose 1 received at least 14 days before the newly positive viral test result

__ Dose 2 received at least 14 days before the newly positive viral test result

□ Janssen (Only 1 dose)

□ Unspecified: Completed COVID-19 vaccination series; unspecified manufacturer

***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 (0920-1317).