

*Facility ID:	Event #:	
*Staff ID:		
*Name: First:	Middle:	Last:
*Gender: F M Other	*Date of Birth: __/__/__	
*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	*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: <b>COVID-19</b>	*Date of Event: __/__/__

## Staff COVID-19 Event Form

*VACCINATION STATUS
Indicate the vaccination status of the staff member on the event date or date of specimen collection.
Has the staff member received any COVID-19 vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No
Which vaccine was received (select all that apply)?
<input type="checkbox"/> Pfizer-BioNTech <input type="checkbox"/> Moderna <input type="checkbox"/> Johnson & Johnson's Janssen <input type="checkbox"/> Unspecified
**PRIMARY SERIES
Indicate the date(s) for each vaccine received.
**Dose 1 Date: _____(MM/DD/YYYY)
**Dose 2 Date: _____ (MM/DD/YYYY) <input type="checkbox"/> Not received
**ADDITIONAL OR BOOSTER DOSES
Indicate the date(s) for any additional or booster doses of vaccine received.
*Has the staff member received any <b>additional or booster doses</b> of vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____ (MM/DD/YYYY) Date: _____ (MM/DD/YYYY) Date: _____ (MM/DD/YYYY)
*COVID-19 DEATH
Did the staff member die from COVID-19 related complications?
<input type="checkbox"/> Yes <input type="checkbox"/> No
**Date of death __/__/__
<small>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)).</small>  <small>CDC estimates the average public reporting burden for this collection of information as 30 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 July 2022 V13</small>