NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

Form Approved
OMB No. 0920-0666
Exp. Date 06/30/2026
www.cdc.gov/nhsn

*Facility ID:	Event #:
*Resident ID:	
Medicare number (or comparable railroad insurance number):	
*Resident Name: First: Middle: Last:	
*Gender: F M Other	*Date of Birth: ___/___/____
Sex at Birth: F M Other	Gender Identity (Specify)
*Ethnicity (specify): ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Declined to respond ☐ Unknown	*Race (specify): ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Declined to respond ☐ Unknown

EVENT DETAILS

*Event Type: ☐ Influenza☐ COVID-19 ☐ RSV

*Date of Event: __/__/____

*Date of Current Admission to Facility: __/__/____

Resident Viral Respiratory Tract Infection (RTI) Event Form

***VACCINATION STATUS**
Indicate the resident's vaccination status

☐ Has the resident received any influenza (flu) vaccine during the current flu season (2023 – 2024)? ☐ Yes ☐ No
If yes, Date of Vaccination: __/__/___ ☐ Date unknown

☐ Is the resident up to date with COVID-19 vaccinations? ☐ Yes ☐ No
If yes, Date of most recent vaccination: __/__/___ ☐ Date unknown

☐ Has the resident received any RSV vaccine during the 2023 – 2024 season (if available) ☐ Yes ☐ No
If yes, Date of Vaccination: __/__/___ ☐ Date unknown

***ANTIVIRAL TREATMENT**
Select all that apply. Include treatment that was received/administered in any location (within the facility or an outside facility)

☐ None

Influenza

☐ Oseltamivir (Tamiflu)

☐ Zanamivir

☐ Peramivir

☐ Baloxavir

COVID-19

☐ Paxlovid

☐ Remdesivir

☐ Molnupiravir

**Antiviral treatment start date __/__/____

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Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666). CDC (form number) Rev v11.6

***HOSPITALIZATION**

*Has the resident been admitted to a hospital or transferred to an acute care facility within 10 days of this newly positive viral test result?

☐ Yes ☐ No

**Date of hospitalization __/__/____

***DEATH**

*Did the resident die within 30 days of this newly positive viral test result?

☐ Yes ☐ No

**Date of death __/__/____