

Data Collection Elements for COVID-19 Vaccination Status on FluSurv-NET Cases

R. Vaccination History		
1. Vaccine Registry		
1a. Source Information: <input type="checkbox"/> Source reviewed <input type="checkbox"/> Source available but not reviewed (specify): _____ <input type="checkbox"/> Source not available for review		
1b. COVID-19 Vaccination Documentation: <input type="checkbox"/> Person in registry with documented vaccine <input type="checkbox"/> Person in registry with no documented vaccine <input type="checkbox"/> Person not found in registry <input type="checkbox"/> Person not found in COVID specific dataset <input type="checkbox"/> Data obtained from VA medical chart		
1c. How many doses were received? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> ≥6 <input type="checkbox"/> Unknown		
NOTE: Additional vaccines and spaces for vaccine doses available in the database as FDA Emergency Use Authorization is received		
1d. Dose 1 Date	Product Manufacturer	Product Name
____ / ____ / ____ Month Day Year <input type="checkbox"/> Unk. <input type="checkbox"/> Unk. <input type="checkbox"/> Unk.	<input type="checkbox"/> Pfizer, Inc. and BioNTech <input type="checkbox"/> Moderna TX, Inc. <input type="checkbox"/> Janssen Pharmaceuticals (J&J) <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Novavax <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Pfizer-BioNTech COVID-19 (Comirnaty/BNT162b2) <input type="checkbox"/> Moderna (Spikevax/mRNA-1273) <input type="checkbox"/> Janssen Pharmaceuticals (JNJ-78436735) <input type="checkbox"/> AstraZeneca (AZD1222) <input type="checkbox"/> Covovax (NVX-CoV2373) <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____
1e. Dose 2 Date	Product Manufacturer	Product Name
____ / ____ / ____ Month Day Year <input type="checkbox"/> Unk. <input type="checkbox"/> Unk. <input type="checkbox"/> Unk.	<input type="checkbox"/> Pfizer, Inc. and BioNTech <input type="checkbox"/> Moderna TX, Inc. <input type="checkbox"/> Janssen Pharmaceuticals (J&J) <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Novavax <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Pfizer-BioNTech COVID-19 (Comirnaty/BNT162b2) <input type="checkbox"/> Moderna (Spikevax/mRNA-1273) <input type="checkbox"/> Janssen Pharmaceuticals (JNJ-78436735) <input type="checkbox"/> AstraZeneca (AZD1222) <input type="checkbox"/> Covovax (NVX-CoV2373) <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____
1f. Dose 3 Date	Product Manufacturer	Product Name
____ / ____ / ____ Month Day Year <input type="checkbox"/> Unk. <input type="checkbox"/> Unk. <input type="checkbox"/> Unk.	<input type="checkbox"/> Pfizer, Inc. and BioNTech <input type="checkbox"/> Moderna TX, Inc. <input type="checkbox"/> Janssen Pharmaceuticals (J&J) <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Novavax <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Pfizer-BioNTech COVID-19 (Comirnaty/BNT162b2) <input type="checkbox"/> Moderna (Spikevax/mRNA-1273) <input type="checkbox"/> Janssen Pharmaceuticals (JNJ-78436735) <input type="checkbox"/> AstraZeneca (AZD1222) <input type="checkbox"/> Covovax (NVX-CoV2373) <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____
1g. Dose 4 Date	Product Manufacturer	Product Name
____ / ____ / ____ Month Day Year <input type="checkbox"/> Unk. <input type="checkbox"/> Unk. <input type="checkbox"/> Unk.	<input type="checkbox"/> Pfizer, Inc. and BioNTech <input type="checkbox"/> Moderna TX, Inc. <input type="checkbox"/> Janssen Pharmaceuticals (J&J) <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Novavax <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Pfizer-BioNTech COVID-19 (Comirnaty/BNT162b2) <input type="checkbox"/> Moderna (Spikevax/mRNA-1273) <input type="checkbox"/> Janssen Pharmaceuticals (JNJ-78436735) <input type="checkbox"/> AstraZeneca (AZD1222) <input type="checkbox"/> Covovax (NVX-CoV2373) <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____
1h. Dose 5 Date	Product Manufacturer	Product Name
____ / ____ / ____ Month Day Year <input type="checkbox"/> Unk. <input type="checkbox"/> Unk. <input type="checkbox"/> Unk.	<input type="checkbox"/> Pfizer, Inc. and BioNTech <input type="checkbox"/> Moderna TX, Inc. <input type="checkbox"/> Janssen Pharmaceuticals (J&J) <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Novavax <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Pfizer-BioNTech COVID-19 (Comirnaty/BNT162b2) <input type="checkbox"/> Moderna (Spikevax/mRNA-1273) <input type="checkbox"/> Janssen Pharmaceuticals (JNJ-78436735) <input type="checkbox"/> AstraZeneca (AZD1222) <input type="checkbox"/> Covovax (NVX-CoV2373) <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____
1i. Dose 6 Date	Product Manufacturer	Product Name
____ / ____ / ____ Month Day Year <input type="checkbox"/> Unk. <input type="checkbox"/> Unk. <input type="checkbox"/> Unk.	<input type="checkbox"/> Pfizer, Inc. and BioNTech <input type="checkbox"/> Moderna TX, Inc. <input type="checkbox"/> Janssen Pharmaceuticals (J&J) <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Novavax <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Pfizer-BioNTech COVID-19 (Comirnaty/BNT162b2) <input type="checkbox"/> Moderna (Spikevax/mRNA-1273) <input type="checkbox"/> Janssen Pharmaceuticals (JNJ-78436735) <input type="checkbox"/> AstraZeneca (AZD1222) <input type="checkbox"/> Covovax (NVX-CoV2373) <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____