

OMB No. 0920-1317 Exp. Date: 03/31/2026 www.cdc.gov/nhsn

## Optional Person Level Reporting of Weekly COVID-19 Vaccination for Healthcare Personnel 57.217

(Note: This form is used for the Long-term Care Facility and Healthcare Personnel Safety Components.)

Facility ID*:	Page 1 of 1 *Required for saving **conditionally required									
Facility ID*:										
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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)).

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and



## Form Approved



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