

## 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.)

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\*Required for saving \*\*conditionally required

Person-Level COVID-19 Vaccination Form - HPS Component				
Facility ID*:	Vaccine Location Type*: <input type="checkbox"/> VACCHOSP <input type="checkbox"/> VACCIPF <input type="checkbox"/> VACCIRF		Unique HCP ID**	
HCP Category*: <input type="checkbox"/> Employees <input type="checkbox"/> - Licensed independent practitioners <input type="checkbox"/> Volunteers <input type="checkbox"/> Other Contract Personnel	Employee Start Date*		Employee End Date**	
First Name*:	Last Name*:		Date of Birth*:	
Gender* (Specify):	Gender Identity (Specify):			
Sex at Birth (Specify):	Race* (Specify):			
Ethnicity* (Specify):				
Vaccine Documentation				
Medical Contraindication Date**	Declination Date**: Reason: <input type="checkbox"/> Religious <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Unknown/Other Vaccination Status Date**:	
Dose 1 Vaccine Manufacturer Name**	Dose 1 Vaccination Date**	Dose 1 Vaccine NDC Number	Dose 1 Vaccine Lot Number	Dose 1 Vaccine Expiration Date
Dose 2 Vaccine Manufacturer Name**	Dose 2 Vaccination Date**	Dose 2 Vaccine NDC Number	Dose 2 Vaccine Lot Number	Dose 2 Vaccine Expiration Date
Dose 3 Vaccine Manufacturer Name**	Dose 3 Vaccination Date**	Dose 3 Vaccine NDC Number	Dose 3 Vaccine Lot Number	Dose 3 Vaccine Expiration Date
Dose 4 Vaccine Manufacturer Name**	Dose 4 Vaccination Date**	Dose 4 Vaccine NDC Number	Dose 4 Vaccine Lot Number	Dose 4 Vaccine Expiration Date
Dose 5 Vaccine Manufacturer Name**	Dose 5 Vaccination Date**	Dose 5 Vaccine NDC Number	Dose 5 Vaccine Lot Number	Dose 5 Vaccine Expiration Date
Dose 6 Vaccine Manufacturer Name**	Dose 6 Vaccination Date**	Dose 6 Vaccine NDC Number	Dose 6 Vaccine Lot Number	Dose 6 Vaccine Expiration Date
Dose 7 Vaccine Manufacturer Name**	Dose 7 Vaccination Date**	Dose 7 Vaccine NDC Number	Dose 7 Vaccine Lot Number	Dose 7 Vaccine Expiration Date
Dose 8 Vaccine Manufacturer Name**	Dose 8 Vaccination Date**	Dose 8 Vaccine NDC Number	Dose 8 Vaccine Lot Number	Dose 8 Vaccine Expiration Date
Dose 9 Vaccine Manufacturer Name**	Dose 9 Vaccination Date**	Dose 9 Vaccine NDC Number	Dose 9 Vaccine Lot Number	Dose 9 Vaccine Expiration Date
Dose 10 Vaccine Manufacturer Name**	Dose 10 Vaccination Date**	Dose 10 Vaccine NDC Number	Dose 10 Vaccine Lot Number	Dose 10 Vaccine Expiration Date
Vaccination Education Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No      Date:			Comments:	
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maintaining the data 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, Reports Clearance Officer, 1600 Clifton Rd., MS H21-8, Atlanta, GA 30333, ATTN: PRA (0920-1317). CDC XX.XXX V.1 September 2024