

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*: ☐ VACCHOSP ☐ VACCIPF ☐ VACCIRF		Unique HCP ID**
HCP Category*: ☐ Employees ☐ - Licensed independent practitioners ☐ Volunteers ☐ Other Contract Personnel		Employee Start Date*		Employee End Date**
First Name*:		Last Name*:		Date of Birth*:
Sex*: F (Female) M (Male)		Race* (Select all that apply): American Indian or Alaska Native Asian Black or African American Middle Eastern or North African Native Hawaiian or Pacific Islander White Unknown Declined to respond		
Ethnicity* (Specify): Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond		Preferred Language (Specify):		
Interpreter Needed (Specify):				
Vaccine Documentation				
Medical Contraindication Date**		Declination Date**: Reason: ☐ Religious ☐ Other ☐ 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: ☐ Yes ☐ No Date:			Comments:	
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