Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2026
www.cdc.gov/nhsn
Last reviewed March 2020

Seasonal Survey on Influenza Vaccination Programs for Healthcare Personnel

 *required for saving

Facility ID #: _____

*Date Entered: _____ *For Season: _____ - _____
(Month/Year) (Specify years)

*1. Which personnel groups are included in your facility's annual influenza vaccination campaign? *(check all that apply)*

- ☐ Full-time employees
- ☐ Part-time employees
- Licensed independent practitioners:
  - ☐ Non-employee physicians
  - ☐ Non-employee advanced practice nurses
  - ☐ Non-employee physician assistants
- ☐ Students and trainees (for example, interns, residents)
- ☐ Adult volunteers
- ☐ Other contract personnel
- ☐ Other, specify: _____

*2. Are healthcare personnel at your facility required to pay out-of-pocket costs for influenza vaccination received at your facility?

- ☐ Yes
- ☐ No

If yes, how much do each of the following groups need to pay for influenza vaccination?

Full-time employees:	$ _____
Part-time employees:	$ _____
Non-employee physicians:	$ _____
Non-employee advanced practice nurses:	$ _____
Non-employee physician assistants:	$ _____
Students and trainees:	$ _____
Adult volunteers:	$ _____
Other contract personnel	$ _____
Other, specify:_____	

*3. Which of the following methods is your facility using this influenza season to deliver vaccine to your healthcare personnel? *(check all that apply)*

- ☐ Have mobile vaccination carts
- ☐ Provide vaccination in Occupational/Employee Health
- ☐ Provide vaccination in wards, clinics, cafeterias, or common areas
- ☐ Provide vaccination during nights and weekends
- ☐ Provide vaccination at any meetings or grand rounds
- ☐ Provide visible vaccination of any key personnel/leadership
- ☐ Other, specify: _____
- ☐ None of the above

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*4. Which of the following strategies does your facility use to promote/enhance healthcare personnel influenza vaccination at your facility? *(check all that apply)*

☐ Send vaccination reminders by mail, e-mail, and/or pager
☐ Coordinate vaccination with other annual programs (for example, tuberculin skin testing)
☐ Require receipt of vaccination for credentialing (if no contraindications)
☐ Require receipt of vaccination as a condition of employment
☐ Advertise vaccination with a campaign including posters, flyers, buttons, and/or fact sheets
☐ Provide education on the benefits and risks of vaccination
☐ Track unit-based vaccination rates for some or all units/departments
☐ Plan to provide feedback on vaccination rates to facility administration
☐ Provide incentives for vaccination
☐ Track vaccination on a regular basis for targeting purposes
☐ Other, specify: _____
☐ No formal promotional activities are planned

*5. What is your facility's influenza vaccination policy for healthcare personnel? (*check one*)

☐ Influenza vaccination is required; unvaccinated personnel are terminated from employment
☐ Influenza vaccination is required with consequences other than termination for unvaccinated personnel
☐ Influenza vaccination is recommended but not required
☐ My facility does not have a specific influenza vaccination policy for personnel
☐ Other, specify: _____

*6. Which personnel groups are covered by your facility's influenza vaccination policy? *(check all that apply)*

☐ Full-time employees
☐ Part-time employees

Licensed independent practitioners:
☐ Non-employee physicians
☐ Non-employee advanced practice nurses
☐ Non-employee physician assistants

☐ Students and trainees (for example, interns, residents)
☐ Adult volunteers
☐ Other contract personnel
☐ Other, specify: _____

*7. Does your facility require healthcare personnel who receive off-site influenza vaccination to provide documentation of their vaccination status?

☐ Yes
☐ No

If yes, what type of documentation is acceptable? *(check all that apply)*
☐ Receipt or other proof of purchase from pharmacy or other vaccinator
☐ Insurance claim for receipt of influenza vaccination
☐ Note from person or organization that administered the vaccination
☐ Handwritten statement or e-mail from healthcare worker
☐ Signature of healthcare worker on standard facility form attesting to vaccination

☐ Other, specify: _____

*8. What does your facility require from healthcare personnel who refuse influenza vaccination? (*check one*)

☐ Standardized paper or electronic declination form completed by healthcare worker
☐ Reading a statement about the risks of non-vaccination (no signature required)
☐ Verbal declination of vaccination by healthcare worker
☐ Facility does not track vaccine declinations
☐ Other, specify: _____

*9. Does your facility require healthcare personnel who refuse influenza vaccination to wear a mask or other personal protective equipment (PPE)?

☐ Yes
☐ No