

Optional Person Level Reporting of Weekly COVID-19 Vaccination for Long-Term Care Residents 57.216 (Rev. 2)

(Note: This form is used for the Long-term Care Facility Component).

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* Required for saving ** conditionally required

Person-Level COVID-19 Vaccination Form – LTC Component Resident				
Facility ID*:		Resident ID**		
Resident Admission Date*		Resident Discharge Date**		
First Name*:		Last Name*:		
Sex* : F (Female) or M (Male)		Date of Birth*:		
Ethnicity* (Specify): Hispanic or Latino Not Hispanic or Latino Unknown Declined to respond		Race* (Specify): 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		
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
Dose 11 Vaccine	Dose 11	Dose 11 Vaccine	Dose 11 Vaccine	Dose 11 Vaccine Expiration Date

Manufacturer Name **	Vaccination Date **	NDC Number	Lot Number	
Vaccination Education Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:			Comments:	
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