**Optional Person Level Reporting of Weekly COVID-19 Vaccination for Healthcare Personnel 57.217 (Rev. 2)**

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

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| Page 1 of 1 | \*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 | | | | | | | | | | |
| **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 |
| Dose 11 Vaccine Manufacturer Name \*\* | | Dose 11 Vaccination Date \*\* | | Dose 11 Vaccine NDC Number | | | Dose 11 Vaccine Lot Number | | | Dose 11 Vaccine Expiration Date |
| Vaccination Education Provided:  □ Yes □ No Date: | | | | | | **Comments:** | | | | |
| 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 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 (0920-0666). CDC 57.217, v.2 October 2025 | | | | | | | | | | | |