NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

OMB Approved
OMB No. 0920-1317
Exp. Date 01/31/2024
www.cdc.gov/nhsn

Resident COVID-19 Event Form

*Facility ID:	Event #:
*Resident ID:	
Medicare number (or comparable railroad insurance number):	
*Resident Name: First: Middle: Last:	
*Gender: F M Other	*Date of Birth: ___/___/____
*Ethnicity (specify): □ Hispanic or Latino □ Not Hispanic or Latino □ Declined to respond □ Unknown	*Race (specify): □ American Indian/Alaska Native □ Asian □ Black or African American □ Native Hawaiian/Other Pacific Islander □ White □ Declined to respond □ Unknown
*Is the resident in a State Veterans Home? □ Yes □ No **Veteran Resident Type: □Veteran □Veteran Spouse □Gold Star Parent □Other (Specify)	

Event Details

*Event Type: **COVID-19** *Date of Current Admission to Facility: __/__/____

*Date of Event: __/__/____

***COVID-19 THERAPY**

Indicate if the resident received one of the following therapeutic options for the **current** COVID-19 event (positive SARS CoV-2 viral test result):

□ **Did not receive**

□ Casirivimab/Imdevimab (Regeneron)
Received therapy from stock stored at this facility? □ Yes □ No

□ Bamlanivimab/etesevimab (Lilly)
Received therapy from stock stored at this facility? □ Yes □ No

□ Sotrovimab (GlaxoSmithKline)
Received therapy from stock stored at this facility? □ Yes □ No

□ Evusheld (AstraZeneca)
Received therapy from stock stored at this facility? □ Yes □ No

□ Paxlovid (Pfizer)
Received therapy from stock stored at this facility? □ Yes □ No

□ Molnupiravir (Merck)
Received therapy from stock stored at this facility? □ Yes □ No

□ Bebtelovimab (Lilly)
Received therapy from stock stored at this facility? □ Yes □ No

***HOSPITALIZATION**

Has the resident been admitted to a hospital or transferred to an acute care facility for this COVID-19 event?

□ Yes □ No

**Date of hospitalization __/__/____

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***COVID-19 DEATH**

Did the resident die from COVID-19 or related complications?

□ Yes □ No

**Date of death __/__/____