



## Instructions for Completion of the Patient Vaccination Form (CDC 57.133)

Data Field	Instructions for Data Collection
Facility ID	The NHSN-assigned facility ID number will be auto-entered by the computer.
Event #	Event ID number will be auto-entered by the computer.
Patient ID	Required. Enter the alphanumeric patient ID number. This is the patient identifier assigned by the hospital and may consist of any combination of numbers and/or letters.
Social Security #	Optional. Enter the 9-digit numeric patient Social Security Number.
Secondary ID	Optional. Enter the alphanumeric ID number assigned by the facility.
Medicare #	Optional. Enter the patient's Medicare number.
Patient name	Optional. Enter the last, first, and middle name of the patient.
Gender	Required. Circle F (female), M (male) or Other to indicate the gender of the patient.
Date of Birth	Required. Record the date of the patient birth using this format: MM/DD/YYYY
Ethnicity	Optional. Indicate the patient's ethnicity: Hispanic or Latino Not Hispanic or Not Latino
Race	Optional. Indicate the patient's race (all that apply): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
Event Type	Required. FLUVAX.
Influenza subtype	Required. Check one: <input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal.
Vaccine offered	Required. Check Yes or No.
Vaccine declined	Required. Check Yes or No.
Reason(s) vaccine declined A. Medical contraindication(s)	Conditionally required. If patient declined influenza vaccination, check all that apply in either section A or section B, but not both. If reasons exist in both categories then section A, medical



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B. Personal reason(s) for declining	contraindications, takes priority and should be completed.
Vaccine administered	Required. Check Yes or No.
Date vaccine administered	Conditionally required. If vaccine administered, indicate date given using this format: MM/DD/YYYY
Type of influenza vaccine administered Seasonal or Non-seasonal	Conditionally required. If vaccine administered, indicate which vaccine (seasonal or non-seasonal) and whether it was a live attenuated vaccine (LAIV) or inactivated vaccine (TIV) formulation. If both seasonal and non-seasonal vaccines are administered to a patient, complete a separate Patient Vaccination form for each.
Manufacturer	Conditionally required. If vaccine administered, influenza vaccine manufacturer will be auto-entered by computer when vaccine type is selected.
Lot number	Conditionally required. If vaccine administered, enter the lot number of the vaccine given to the patient.
Route of administration	Conditionally required. If vaccine administered, indicate the route of administration used.
Vaccine Information Statement Provided to Patient	Optional. If vaccine administered, indicate what type of information statement was provided, if any, and the edition date using this format: MM/DD/YYYY; otherwise, check "None or unknown".
Person administering vaccine: Vaccinator ID	Optional. If vaccine administered, indicate vaccinator identifier. This is an identifier assigned by the facility and may consist of any combination of numbers and/or letters.
Person administering vaccine: Title	Optional. If vaccine administered, indicate title of vaccinator (RN, LPN, Nurse Assistant, etc.).
Person administering vaccine: Name	Optional. If vaccine administered, indicate name of vaccinator by last name, first name, middle name or initial.
Person administering vaccine: Work address, City, State, Zip code	Optional. This information will be auto-entered by the computer.
Custom Fields	Optional. Up to 50 fields may be customized for local or group use in any combination of the following formats: date (MMDDYYYY), numeric, or alphanumeric.  NOTE: Each Custom Field must be set up in the Facility/Custom Options section of NHSN before the field can be selected for use. Data in these fields may be analyzed.
Comments	Optional. Enter comments about this vaccination. Data in this field cannot be analyzed.