

Optional Person-Level Reporting of Weekly Respiratory Pathogens Vaccination for Long-Term Care Residents 57.216 (Rev 3)

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

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*Required for saving **conditionally required

Person- Level Respiratory Pathogens Vaccination Form for Residents– LTCF Component					
Facility ID*:					
Resident ID*:			First Name*:		
Middle Name (optional):			Last Name*:		
Date of Birth*:			Sex*: <input type="checkbox"/> F (Female) or <input type="checkbox"/> M (Male) or <input type="checkbox"/> N (Missing)		
			Note: Select “N (Missing)” only if a value of F or M is not available in the medical record.		
Race* (Select all that apply): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Declined to respond <input type="checkbox"/> Unknown			Ethnicity* (specify): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Not Latino <input type="checkbox"/> Declined to respond <input type="checkbox"/> Unknown		
Resident Admission Date*:			Resident Discharge Date:		
Vaccination History					
Vaccination Type*: <input type="checkbox"/> COVID-19	Not Vaccinated: Reason**: <input type="checkbox"/> Medical Contraindications <input type="checkbox"/> Declinations <input type="checkbox"/> Unknown <input type="checkbox"/> Other	Vaccine Date*:	Dose Type*:	Vaccination Expiration Date:	NDC Number: Vaccine Lot Number:
Vaccination Type*: <input type="checkbox"/> FLU	Not Vaccinated: Reason**: <input type="checkbox"/> Medical Contraindications <input type="checkbox"/> Declinations <input type="checkbox"/> Unknown <input type="checkbox"/> Other	Vaccine Date*:	Flu Season*:	Vaccination Expiration Date:	NDC Number: Vaccine Lot Number:
Vaccination Type*: <input type="checkbox"/> RSV	Not Vaccinated: Reason**: <input type="checkbox"/> Medical Contraindications <input type="checkbox"/> Declinations <input type="checkbox"/> Unknown <input type="checkbox"/> Other	Vaccine Date*:	RSV Vaccine Type*:	Vaccination Expiration Date:	NDC Number: Vaccine Lot Number:

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 61 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 57.216, v.3 January 2026](#)