NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

April 2026

# Instructions for Completing the Person-Level Vaccination Form for Residents of Long-Term Care Facilities

The optional Person-Level Vaccination Form for Residents was developed to assist long-term care facilities (LTCFs) with managing and tracking person-level vaccination data directly in NHSN. This form enables the NHSN application to automatically calculate and submit the weekly summary totals to the main NHSN Weekly Respiratory Pathogens and Vaccination Module. Users update person-level data with any changes to an individual's vaccination status over time. Click **'View Reporting Summary'** to review the vaccination totals and to submit their weekly data to the Weekly Respiratory Pathogens and Vaccination Module. It is recommended that all LTCFs use the Person-Level Vaccination Form to ensure accurate reporting of summary data when submitting data to the Weekly Respiratory Pathogens and Vaccination Module.

If you plan to submit person-level data via .CSV file upload, you can refer to the latest variable description and file layout documents. You can find these at the following webpage: LTCF | Respiratory Pathogens and Vaccination |NHSN | CDC under the **Person-Level – CSV Data Import** heading.

| Data Fields | Instructions for Completion |
|---|---|
| Resident ID | *Required.*<br>Enter a unique identifier for the resident, assigned by your facility. This can be any combination of letters and numbers. You can enter the identifier directly, or you can click the **Find** button and select a resident from the list of residents who have previously had data submitted in NHSN via other Person-Level forms (e.g., Point of Care (POC) Tool).<br><br>Ensure that you are using the same identifier used for entering the individual into other Person-Level modules or pathways within the LTCF Component, as applicable.<br><br>**Avoid:**<br>• Using Date of Birth or room number as an identifier**,** as these can be shared by more than one individual and may result in duplicate IDs.<br>• Starting the identifier with a 0 (zero). If you import data from a CSV file, the CSV drops the leading 0, and this changes the ID. |
| First Name | *Required.*<br>Enter the resident's first name. |

| Data Fields | Instructions for Completion |
|---|---|
| Middle Name | *Not Required.*<br>Enter the resident's middle name. |
| Last Name | *Required.*<br>Enter the resident's last name. |
| Date of Birth | *Required.*<br>Enter the resident's date of birth in the MM/DD/YYYY format. |
| Sex | *Required.*<br>Select the sex from the drop-down box:<br>- F (Female)<br>- M (Male)<br>- Not Available/Missing<br><br>**Note:** Select "Not Available/Missing" only if a value of F or M is not available in the medical record. |
| Race | *Required.*<br>Select the resident's racial group(s) from the options:<br>- American Indian/Alaska Native<br>- Asian<br>- Black or African American<br>- Native Hawaiian/Other Pacific Islander<br>- White<br>- Declined to respond<br>- Unknown<br><br>**Note:** Multiple races can be selected from the drop-down box except when selecting **'Declined to Respond'** or **'Unknown.'** |
| Ethnicity | *Required.*<br>Select the resident's ethnicity from the drop-down box:<br>- Hispanic or Latino<br>- Not Hispanic or Not Latino<br>- Declined to respond<br>- Unknown |
| Admit Date | *Required.*<br>Enter the date the resident was admitted to the facility. |
| Discharge Date | *Conditionally required.*<br>Enter the date the resident was discharged from facility.<br><br>**Note:** If a resident is discharged or leaves the facility for any reason for longer than 1 week (7 days) and returns or is re-admitted after more than 1 week, enter a discharge date on the day they were |

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|---|---|
| | discharged. When they are re-admitted, create a new row (using the **+ Add Row** button of the Admit/Discharge Dates table) and enter a new admission date. This new admission date must be at least 1 week after the original row's discharge date. |
| Vaccination Type | *Required.*<br>Select the vaccination type from the drop-down box:<br>- Influenza<br>- COVID-19<br>- RSV |
| Not Vaccinated | *Conditionally required.*<br>Select if resident is not vaccinated for vaccine type. |
| Reason | *Conditionally required.*<br>Select the reason the resident is not vaccinated from the drop-down box:<br>- Medical contraindication<br>- Declination<br>- Unknown/Other |
| Vaccine Date | *Required.*<br>Enter the resident's vaccine date in the MM/DD/YYYY format. |
| Dose Type: | *Required.*<br>- 2025-2026 COVID-19 vaccine<br>- 2024-2025 COVID-19 vaccine<br>- Influenza Season 2025-2026<br>- Influenza Season 2024-2025<br>- RSV Vaccine<br><br>**2025-2026 COVID-19 vaccine** can only be selected if corresponding dose date is on or after 9/1/2025.<br><br>**2024-2025 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/2/2024 and 8/31/2025.<br><br>**Influenza Season 2025-2026** can only be selected if corresponding dose date is between 8/1/2025 - 6/30/2026.<br><br>**Influenza Season 2024-2025** can only be selected if corresponding dose date is between 8/1/2024 - 6/30/2025.<br><br>**RSV vaccine** can only be selected for residents aged 60 years or older if corresponding dose date is on or after 5/1/2023. |

| Data Fields | Instructions for Completion |
|---|---|
| Vaccination Expiration Date | ***Optional***.<br>Enter the expiration date for the vaccine the resident received in the MM/DD/YYYY format. |
| NDC Number | ***Optional***.<br>Enter the National Drug Code (NDC) number for the vaccine the resident received. |
| Vaccine Lot Number | ***Optional***.<br>Enter the Lot number for the vaccine the resident received. |