Instructions for Completion of the Person-Level COVID-19 Vaccination Form for Residents of Long-Term Care Facilities

The optional Person-Level Vaccination Form for Residents was developed to assist facilities with managing and tracking person-level vaccination data directly in NHSN and having the weekly summary totals automatically calculated and entered to the main Weekly Resident COVID-19 Vaccination Modules by the application. Users update the person-level data with any changes to an individual's vaccination status over time, click **'View Reporting Summary and Submit'** to review the totals, and submit their weekly data to the Weekly Resident COVID-19 Vaccination Module. We recommend that all long-term care facilities (LTCFs) use the Person-Level COVID-19 Vaccination Form to ensure accurate reporting of summary data when submitting data to the Weekly COVID-19 Vaccination Modules. Learn more here: (https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/event-qrg-508.pdf)

Please note if you plan to submit person-level data via CSV upload, please refer to the latest Variable description and file layout for event-level (person-level) vaccination forms document for additional guidance on formatting.

Data Fields	Instructions for Completion
Resident Identifier	*Required.* Enter a unique identifier for the resident, assigned by your facility. You can directly enter the identifier, or you can click the Link button and select a resident from the list of residents who have previously had data submitted in NHSN via other person-level/event-level forms (e.g., POC Tool). Ensure that you are using the same identifier used for entering the individual into other event-level modules or pathways within the LTCF Component, as applicable. **Avoid:** • Using Date of Birth or room number alone as an identifier, as these can be shared by more than one individual and may result in duplicate IDs. • 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.
Resident First Name	*Required.* Enter the resident's first name.
Resident Last Name	*Required.* Enter the resident's last name.

Data Fields	Instructions for Completion

Gender	*Required for all records without a discharge date beginning 10/31/22*
	
	Select the resident's gender from the drop-down box:
	  - Female
	  - Male
	  - Other
	
	Note: If you cannot obtain this information, select 'Other.'

Date of Birth	*Required.* Enter the resident's date of birth in the MM/DD/YYYY format. This is used to calculate the resident's up-to-date vaccination status.

Ethnicity	*Required for all records without a discharge date beginning 10/31/22*
	
	Select the resident's ethnicity from the drop-down box:
	  - Hispanic or Latino
	  - Not Hispanic or Not Latino
	  - Declined to respond
	  - Unknown

Race	*Required for all records without a discharge date beginning 10/31/22*
	
	Select the resident's racial group(s) from the drop-down box:
	  - American Indian/Alaska Native
	  - Asian
	  - Black or African American
	  - Native Hawaiian/Other Pacific Islander
	  - White
	  - Declined to respond
	  - Unknown
	
	Note: Multiple races can be selected from the drop-down box except when selecting **'Declined to Respond'** or **'Unknown.'**

Resident Admit Date	*Required.* Enter the date the resident was admitted to the facility.
Resident Discharge Date	*Optional.* Enter the date the resident was discharged from facility. **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 discharged. When they are re-admitted, duplicate their row (using

Data Fields	Instructions for Completion
	the **+ button** next to their row) and enter a new admission date on their new row. This new admission date must be at least 1 week after the original row's discharge date.
Dose 1 vaccination date	*Conditionally required. A row must contain AT LEAST ONE status, as an individual can have more than one status entered since their vaccination status can change over time. At a minimum, a row must have data entered for at least one of the main categories:* *- Dose 1 (partial series vaccination)* *- Dose 2 (complete primary series vaccination)* *- Contraindication* *- Declination* *- Unknown vaccination status* Enter the date the resident received dose 1 of a COVID-19 primary vaccination series.
Dose 1 vaccine manufacturer name	*Conditionally required if Dose 1 vaccination date is entered.* Select the manufacturer of dose 1 vaccine that the resident received from the drop-down box: - Pfizer-BioNTech COVID-19 vaccine - Moderna COVID-19 vaccine - Janssen COVID-19 vaccine - Novavax - Unspecified manufacturer **Novavax** can only be selected if corresponding dose date is on or after 6/1/2022.
Dose 2 vaccination date	*Conditionally required if Dose 1 vaccination date is provided and Dose 1 vaccine manufacturer is not Janssen.* Enter the date the resident received dose 2 of a COVID-19 primary vaccination series.
Dose 2 vaccine manufacturer name	*Conditionally required if Dose 2 vaccination date is entered.* Select the manufacturer of dose 2 vaccine that the resident received from the drop-down box: - Pfizer-BioNTech COVID-19 vaccine - Moderna COVID-19 vaccine - Novavax - Unspecified manufacturer

Data Fields	Instructions for Completion
	Novavax can only be selected if corresponding dose date is on or after 6/1/2022.
Is vaccination series complete?	The column will automatically populate with a YES/NO according to the data entered in the **Dose 1** and **Dose 2 Vaccination Date** and **Manufacturer Name** fields.

Medical contraindication date	*Conditionally required.* A *row must contain AT LEAST ONE status, as an individual can have more than one status entered since their vaccination status can change over time. At a minimum, a row must have data entered for at least one of the main categories:*
	  - Dose 1 (partial series vaccination)
	  - Dose 2 (complete primary series vaccination)
	  - Contraindication
	  - Declination
	  - Unknown vaccination status
	
	Enter the date the medical contraindication was noted for the resident.
	
	Medical contraindications include history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine, and history of a known diagnosed allergy to a component of the COVID-19 vaccine. Please see the most up-to-date list of contraindications here: https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html
	
	For the purpose of NHSN COVID-19 vaccination surveillance, philosophical, religious, or other reasons for declining COVID-19 vaccine not listed in the *Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States* as a contraindication are **not** considered medical contraindications for COVID-19 vaccination, and should be reported in the **'Declination reason'** column instead.
	
	Note: in the person-level vaccination forms, if an individual received one dose of a two-dose primary series and had a severe allergic reaction to this dose, and as a result cannot receive the second dose, the individual will be classified in the weekly summary counts as a medical contraindication. Users should enter both the dose 1 date and the medical contraindication date.

Data Fields	Instructions for Completion
Declination date	*Conditionally required. A row must contain AT LEAST ONE status, as an individual can have more than one status entered since their vaccination status can change over time. At a minimum, a row must have data entered for at least one of the main categories:* *- Dose 1 (partial series vaccination)* *- Dose 2 (complete primary series vaccination)* *- Contraindication* *- Declination* *- Unknown vaccination status* Enter the date the resident was offered but declined COVID-19 vaccination. For the purpose of NHSN COVID-19 vaccination surveillance, philosophical, religious, or other reasons for declining COVID-19 vaccine should be reported as declined vaccination.
Declination reason	*Conditionally required if Declination date is entered.* Select the reason the resident declined COVID-19 vaccination from the drop-down box: - Received official religious exemption - Other - Unknown
Unknown COVID-19 vaccination status date	*Conditionally required. A row must contain AT LEAST ONE status, as an individual can have more than one status entered since their vaccination status can change over time. At a minimum, a row must have data entered for at least one of the main categories:* *- Dose 1 (partial series vaccination)* *- Dose 2 (complete primary series vaccination)* *- Contraindication* *- Declination* *- Unknown vaccination status* Enter the date the resident's vaccination status was recorded as unknown. **Note:** This date can correspond to the resident's admit date if the facility cannot determine the resident's vaccination status at the time of admission, or if the facility does not have vaccination documentation for the resident.

Data Fields	Instructions for Completion
Additional/booster dose date	*Conditionally required if the resident has received a first booster dose or an additional dose after completing a COVID-19 primary vaccination series.* Enter the date the resident received a first booster dose or an additional dose.
Additional/booster dose type	*Conditionally required if Additional/booster dose date is entered.* Select the type of dose the resident received from the drop-down box: - Additional Dose - Booster Dose A **booster dose** is another dose of vaccine administered to enhance or restore protection which might have waned over time after primary series vaccination. An **additional dose** is another dose of vaccine administered to people who were less likely to mount a protective immune response after initial vaccination. Individuals who are moderately or severely immunocompromised should receive an additional dose. **Note:** Booster dose will automatically populate in this field when an additional/booster dose date is entered. For NHSN surveillance purposes, assume all doses received after a COVID-19 primary vaccination series are booster doses unless there is specific documentation indicating an additional dose was administered due to the individual having a moderately to severely immunocompromising condition.
Additional/booster dose manufacturer name	*Conditionally required if Additional/booster dose date is entered.* Select the manufacturer of the additional or booster dose that the resident received from the drop-down box: - Updated (bivalent) Pfizer-BioNTech COVID-19 booster - Updated (bivalent) Moderna COVID-19 booster - Pfizer-BioNTech COVID-19 vaccine - Moderna COVID-19 vaccine - Janssen COVID-19 vaccine - Unspecified manufacturer **Updated (bivalent) boosters** can only be selected if corresponding dose date is on or after 8/31/2022. **Original (monovalent) boosters** cannot be selected if corresponding dose date is 9/26/2022 or later.

Data Fields	Instructions for Completion
Booster dose 2 vaccination date	*Conditionally required if the resident has received a second booster dose (or a first booster dose if they received a prior additional dose).* Enter the date the resident received a second booster dose (or a first booster dose if they received a prior additional dose).
Booster dose 2 vaccine manufacturer name	*Conditionally required if Booster dose 2 vaccination date is entered.* Select the manufacturer of the second booster dose (or a first booster dose if they received a prior additional dose) that the resident received from the drop-down box: - Updated (bivalent) Pfizer-BioNTech COVID-19 booster - Updated (bivalent) Moderna COVID-19 booster - Pfizer-BioNTech COVID-19 vaccine - Moderna COVID-19 vaccine - Janssen COVID-19 vaccine - Unspecified manufacturer **Updated (bivalent) boosters** can only be selected if corresponding dose date is on or after 8/31/2022. **Original (monovalent) boosters** cannot be selected if corresponding dose date is 9/26/2022 or later.
Booster dose 3 vaccination date	*Conditionally required if the resident has received a third booster dose (or a second booster dose if they received a prior additional dose).* Enter the date the resident received a third booster dose (or a second booster dose if they received a prior additional dose).
Booster dose 3 vaccine manufacturer name	*Conditionally required if Booster dose 3 vaccination date is entered.* Select the manufacturer of the third booster dose (or a second booster dose if they received a prior additional dose) that the resident received from the drop-down box: - Updated (bivalent) Pfizer-BioNTech COVID-19 booster - Updated (bivalent) Moderna COVID-19 booster - Pfizer-BioNTech COVID-19 vaccine - Moderna COVID-19 vaccine - Janssen COVID-19 vaccine - Unspecified manufacturer **Updated (bivalent) boosters** can only be selected if corresponding dose date is on or after 8/31/2022. **Original (monovalent) boosters** cannot be selected if corresponding dose date is 9/26/2022 or later.

Data Fields	Instructions for Completion
Booster dose 4 vaccination date	*Conditionally required if the resident has received a fourth booster dose (or a third booster dose if they received a prior additional dose).* Enter the date the resident received a fourth booster dose (or a third booster dose if they received a prior additional dose).
Booster dose 4 vaccine manufacturer name	*Conditionally required if Booster dose 4 vaccination date is entered.* Select the manufacturer of the fourth booster dose (or a third booster dose if they received a prior additional dose) that the resident received from the drop-down box: - Updated (bivalent) Pfizer-BioNTech COVID-19 booster - Updated (bivalent) Moderna COVID-19 booster - Pfizer-BioNTech COVID-19 vaccine - Moderna COVID-19 vaccine - Janssen COVID-19 vaccine - Unspecified manufacturer **Updated (bivalent) boosters** can only be selected if corresponding dose date is on or after 8/31/2022. **Original (monovalent) boosters** cannot be selected if corresponding dose date is 9/26/2022 or later.
Booster dose 5 vaccination date	*Conditionally required if the resident has received a fifth booster dose (or a fourth booster dose if they received a prior additional dose).* Enter the date the resident received a fifth booster dose (or a fourth booster dose if they received a prior additional dose).
Booster dose 5 vaccine manufacturer name	*Conditionally required if Booster dose 5 vaccination date is entered.* Select the manufacturer of the fifth booster dose (or a fourth booster dose if they received a prior additional dose) that the resident received from the drop-down box: - Updated (bivalent) Pfizer-BioNTech COVID-19 booster - Updated (bivalent) Moderna COVID-19 booster - Pfizer-BioNTech COVID-19 vaccine - Moderna COVID-19 vaccine - Janssen COVID-19 vaccine - Unspecified manufacturer **Updated (bivalent) boosters** can only be selected if corresponding dose date is on or after 8/31/2022.

Data Fields	Instructions for Completion
	Original (monovalent) boosters cannot be selected if corresponding dose date is 9/26/2022 or later.
Dose 1 vaccine NDC number	*Optional.* Enter the NDC number for Dose 1 of the COVID-19 primary vaccination series the resident received.
Dose 1 vaccine Lot number	*Optional.* Enter the Lot number for Dose 1 of the COVID-19 primary vaccination series the resident received.
Dose 1 vaccine expiration date	*Optional.* Enter the expiration date for Dose 1 of the COVID-19 primary vaccination series the resident received.
Dose 2 vaccine NDC number	*Optional.* Enter the NDC number for Dose 2 of the COVID-19 primary vaccination series the resident received.
Dose 2 vaccine Lot number	*Optional.* Enter the Lot number for Dose 2 of the COVID-19 primary vaccination series the resident received.
Dose 2 vaccine expiration date	*Optional.* Enter the expiration date for Dose 2 of the COVID-19 primary vaccination series the resident received.
Additional/booster dose vaccine NDC number	*Optional.* Enter the NDC number for the first booster dose or the additional dose the resident received.
Additional/booster dose vaccine Lot number	*Optional.* Enter the Lot number for the first booster dose or the additional dose the resident received.
Additional/booster dose vaccine expiration date	*Optional.* Enter the expiration date for the first booster dose or the additional dose the resident received.
Booster dose 2 vaccine NDC number	*Optional.* Enter the NDC number for the second booster dose or the first booster dose (if the resident received a prior additional dose).
Booster dose 2 vaccine Lot number	*Optional.* Enter the Lot number for the second booster dose or the first booster dose (if the resident received a prior additional dose).
Booster dose 2 vaccine expiration date	*Optional.* Enter the expiration date for the second booster dose or the first booster dose (if the resident received a prior additional dose).
Booster dose 3 vaccine NDC number	*Optional.* Enter the NDC number for the third booster dose or the second booster dose (if the resident received a prior additional dose).
Booster dose 3 vaccine Lot number	*Optional.* Enter the Lot number for the third booster dose or the second booster dose (if the resident received a prior additional dose).
Booster dose 3 vaccine expiration date	*Optional.* Enter the expiration date for the third booster dose or the second booster dose (if the resident received a prior additional dose).
Vaccinated at another location?	*Optional.* Select Yes/No from the drop-down box to indicate if the resident received vaccination at a different location than the facility.

Data Fields	Instructions for Completion
Vaccination Education Provided (date)?	*Optional.* Enter the date vaccination education was provided to the resident.
Comments	*Optional.* Enter any comments pertinent to the data entered in the resident's row.