

Please refer to the tables below for complete information on the variables included on .CSV templates for Event-Level COVID-19 Vaccination Forms for Residents and HCW (Long term Care Component). These are accurate as of NHSN Release 10.1.3 (May 2022).

Importing via .csv file Event-Level COVID-19 Vaccination Form- Residents - LTC Component

Table 1: NHSN Event-Level COVID-19 Vaccination Form- Residents Import File Format

Field	Requirement	Values	Format	Description of Field
orgID	Required	-	must be a whole number	Must be a valid NHSN Facility ID (organization identifier)
resID	Required	-	Character (15)	Resident identifier - a unique identifier for the individual, assigned by your facility
dob	Required	MM/DD/YYYY	Datetime	Resident Date of Birth
resAdmitDate	Required	MM/DD/YYYY	Datetime	Resident Admit Date
resDischDate	Optional	MM/DD/YYYY Must be >= resAdmitDate	Datetime	Resident Discharge Date
resGName	Required	-	Character (30)	Resident First Name
resSurname	Required	-	Character (30)	Resident Last Name
dose1Date	Conditionally required (each record must contain At least ONE status- This means each record must be classified into at least one of the main categories, such as partial or complete primary series vaccination, contraindication, declined, unknown vaccination status)	MM/DD/YYYY	Datetime	Dose 1 vaccination date
dose1Mfg	Conditionally required if Dose1Date provided	JANSSEN MODERNA PFIZBION UNSPECIFIED	Character (15)	Dose 1 vaccine manufacturer name

dose2Date	Conditionally required (each record must contain At least ONE status- This means each record must be classified into at least one of the main categories, such as partial or complete primary series vaccination, contraindication, declined, unknown vaccination status)	MM/DD/YYYY	Datetime	Dose 2 vaccination date
dose2Mfg	Conditionally required if Dose2Date provided	MODERNA PFIZER UNSPECIFIED	Character (15)	Dose 2 vaccine manufacturer name
medDate	Conditionally required (each record must contain At least ONE status- This means each record must be classified into at least one of the main categories, such as partial or complete primary series vaccination, contraindication, declined, unknown vaccination status)	MM/DD/YYYY	Datetime	Contraindication or exclusion noted date
decDate	Conditionally required (each record must contain At least ONE status- This means each record must be classified into at least one of the main categories, such as partial or complete primary series vaccination, contraindication, declined, unknown vaccination status)	MM/DD/YYYY	Datetime	Declination date
decReason	Conditionally required if decDate provided	RELIGIOUS OTHER UNKNOWN	Character (10)	Declination reason: RELIGIOUS - Received official religious exemption OTHER - Other UNKNOWN - Unknown

unkvacstatusdate	Conditionally required (each record must contain At least ONE status- This means each record must be classified into at least one of the main categories, such as partial or complete primary series vaccination, contraindication, declined, unknown vaccination status)	MM/DD/YYYY	Datetime	Unknown status date
addtlDoseDate	Conditionally required	MM/DD/YYYY	Datetime	Additional/booster dose vaccination date
addtlDoseType	Conditionally required if addtlDoseDate provided	BOOST ADDTL	Character (5)	Type of additional or booster dose vaccine received: BOOST – Booster Dose ADDTL – Additional Dose
addtlDoseMfg	Conditionally required if addtlDoseDate provided	JANSSEN MODERNA PFIZBION UNSPECIFIED	Character (15)	Additional/booster dose vaccine manufacturer name
boostDose2Date	Conditionally required	MM/DD/YYYY Must be > addtlDoseDate	Datetime	Second booster dose or first booster dose (if additional dose received)
boostDose2Mfg	Conditionally required if boostDose2Date provided	JANSSEN MODERNA PFIZBION UNSPECIFIED	Character (15)	Additional/booster dose vaccine manufacturer name
boostDose3Date	Conditionally required	MM/DD/YYYY Must be > addtlDose2Date	Datetime	Third booster dose or second booster dose (if additional dose received)
boostDose3Mfg	Conditionally required if boostDose3Date provided	JANSSEN MODERNA PFIZBION UNSPECIFIED	Character (15)	Additional/booster dose vaccine manufacturer name

dose1NDC	Optional	-	Character (30)	Dose 1 vaccine NDC number
dose1Lot	Optional	-	Character (30)	Dose 1 vaccine Lot number
dose1ExpDate	Optional	MM/DD/YYYY	Datetime	Dose 1 vaccine expiration date
dose2NDC	Optional	-	Character (30)	Dose 2 vaccine NDC number
dose2Lot	Optional	-	Character (30)	Dose 2 vaccine Lot number
dose2ExpDate	Optional	MM/DD/YYYY	Datetime	Dose 2 vaccine expiration date
addtlDoseNDC	Optional	-	Character (30)	Additional/booster dose vaccine NDC number
addtlDoseLot	Optional	-	Character (30)	Additional/booster dose vaccine Lot number
addtlDoseExpDate	Optional	MM/DD/YYYY	Datetime	Additional/booster dose vaccine expiration date
boostdose2ndc	Optional	-	Character (30)	Second booster dose or first booster dose (if additional dose received) vaccine NDC number
boostdose2lot	Optional	-	Character (30)	Second booster dose or first booster dose (if additional dose received) vaccine Lot number
boostdose2expdate	Optional	MM/DD/YYYY	Datetime	Second booster dose or first booster dose (if additional dose received) expiration date
boostdose3ndc	Optional	-	Character (30)	Third booster dose or second booster dose (if additional dose received) vaccine NDC number
boostdose3lot	Optional	-	Character (30)	Third booster dose or second booster dose (if additional dose received) vaccine Lot number
boostdose3expdate	Optional	MM/DD/YYYY	Datetime	Third booster dose or second booster dose (if additional dose received) vaccine expiration date
vaccElsewhere	Optional	Y for Yes N for No	Character (1)	Vaccinated at another location? Y for Yes N for No

vaccEdDate	Optional	MM/DD/YYYY	Datetime	Vaccination Education Provided - date
comment	Optional	-	Character (2000)	Comments

Importing via .csv file - Event-Level COVID-19 Vaccination Form- HCP - LTC Component -

Table 2: NHSN Event-Level COVID-19 Vaccination Form- HCP Import File Format

Field	Requirement	Values	Format	Description of Field
orgID	Required	-	must be a whole number	Must be a valid NHSN Facility ID (organization identifier)
staffID	Required	-	Character (15)	HCP identifier - a unique identifier for the individual, assigned by your facility
dob	Required	MM/DD/YYYY	Datetime	HCP Date of Birth
hcpEmpStart	Required	MM/DD/YYYY	Datetime	HCP Start of Employment Date
hcpEmpEnd		MM/DD/YYYY	Datetime	HCP End of Employment Date
hcpGName	Required	-	Character (30)	HCP First Name
hcpSurname	Required	-	Character (30)	HCP Last Name
hcpCategory	Required	EMP LIP VOL OCP	Character (10)	HCP Category: EMP - Employees (staff on facility payroll) LIP - Licensed independent practitioners: Physicians, advanced practice nurses, & physician assistants VOL - Adult students/trainees & volunteers OCP - Other Contract Personnel
dose1Date	Conditionally required (each record must contain At least ONE status- This means each record must be classified into at least one of the main categories, such as partial or	MM/DD/YYYY	Datetime	Dose 1 vaccination date

	complete primary series vaccination, contraindication, declined, unknown vaccination status)			
dose1Mfg	Conditionally required if Dose1Date provided	JANSSEN MODERNA PFIZBION UNSPECIFIED	Character (15)	Dose 1 vaccine manufacturer name
dose2Date	Conditionally required (each record must contain At least ONE status- This means each record must be classified into at least one of the main categories, such as partial or complete primary series vaccination, contraindication, declined, unknown vaccination status)	MM/DD/YYYY	Datetime	Dose 2 vaccination date
dose2Mfg	Conditionally required if Dose2Date provided	MODERNA PFIZBION UNSPECIFIED	Character (15)	Dose 2 vaccine manufacturer name
medDate	Conditionally required (each record must contain At least ONE status- This means each record must be classified into at least one of the main categories, such as partial or complete primary series vaccination, contraindication, declined, unknown vaccination status)	MM/DD/YYYY	Datetime	Contraindication or exclusion noted date

decDate	Conditionally required (each record must contain At least ONE status- This means each record must be classified into at least one of the main categories, such as partial or complete primary series vaccination, contraindication, declined, unknown vaccination status)	MM/DD/YYYY	Datetime	Declination date
decReason	Conditionally required if decDate provided	RELIGIOUS OTHER UNKNOWN	Character (10)	Declination reason: RELIGIOUS - Received official religious exemption OTHER - Other UNKNOWN - Unknown
unkvaccstatusdate	Conditionally required (each record must contain At least ONE status- This means each record must be classified into at least one of the main categories, such as partial or complete primary series vaccination, contraindication, declined, unknown vaccination status)	MM/DD/YYYY	Datetime	Unknown status date
addtlDoseDate	Conditionally required	MM/DD/YYYY	Datetime	Additional/booster dose vaccination date
addtlDoseType	Conditionally required if addtlDoseDate provided	BOOST ADDTL	Character (5)	Type of additional or booster dose vaccine received: BOOST – Booster Dose ADDTL – Additional Dose
addtlDoseMfg	Conditionally required if addtlDoseDate provided	JANSSEN MODERNA PFIZBION UNSPECIFIED	Character (15)	Additional/booster dose vaccine manufacturer name

boostDose2Date	Conditionally required	MM/DD/YYYY Must be > addtIDoseDate	Datetime	Second booster dose or first booster dose (if additional dose received)
boostDose2Mfg	Conditionally required if boostDose2Date provided	JANSSEN MODERNA PFIZBION UNSPECIFIED	Character (15)	Second booster dose or first booster dose (if additional dose received) vaccine manufacturer name
boostDose3Date	Conditionally required	MM/DD/YYYY Must be > addtIDose2Date	Datetime	Third booster dose or second booster dose (if additional dose received)
boostDose3Mfg	Conditionally required if boostDose3Date provided	JANSSEN MODERNA PFIZBION UNSPECIFIED	Character (15)	Third booster dose or second booster dose (if additional dose received) vaccine manufacturer name
dose1NDC	Optional	-	Character (30)	Dose 1 vaccine NDC number
dose1Lot	Optional	-	Character (30)	Dose 1 vaccine Lot number
dose1ExpDate	Optional	MM/DD/YYYY	Datetime	Dose 1 vaccine expiration date
dose2NDC	Optional	-	Character (30)	Dose 2 vaccine NDC number
dose2Lot	Optional	-	Character (30)	Dose 2 vaccine Lot number
dose2ExpDate	Optional	MM/DD/YYYY	Datetime	Dose 2 vaccine expiration date
addtIDoseNDC	Optional	-	Character (30)	Additional/booster dose vaccine NDC number
addtIDoseLot	Optional	-	Character (30)	Additional/booster dose vaccine Lot number
addtIDoseExpDate	Optional	MM/DD/YYYY	Datetime	Additional/booster dose vaccine expiration date
boostdose2ndc	Optional	-	Character (30)	Second booster dose or first booster dose (if additional dose received) vaccine NDC number
boostdose2lot	Optional	-	Character (30)	Second booster dose or first booster dose (if additional dose received) vaccine Lot number
boostdose2expdate	Optional	MM/DD/YYYY	Datetime	Second booster dose or first booster dose (if additional dose received) expiration date

boostdose3ndc	Optional	-	Character (30)	Third booster dose or second booster dose (if additional dose received) vaccine NDC number
boostdose3lot	Optional	-	Character (30)	Third booster dose or second booster dose (if additional dose received) vaccine Lot number
boostdose3expdate	Optional	MM/DD/YYYY	Datetime	Third booster dose or second booster dose (if additional dose received) vaccine expiration date
vaccElsewhere	Optional	Y for Yes N for No	Character (1)	Vaccinated at another location?
vaccEdDate	Optional	MM/DD/YYYY	Datetime	Vaccination Education Provided - date
comment	Optional	-	Character (2000)	Comments