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. This allows the application to automatically calculate and submit the weekly summary totals to the main NHSN Weekly Resident COVID-19 Vaccination Modules. 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: LTCF Person-Level Vaccination Form How to Guide June 2024_508 (cdc.gov)

Please note if you plan to submit person-level data via .CSV file upload, please refer to the latest variable description and file layout for person-level vaccination forms document for additional guidance on formatting: Variable description and file layout for residents and healthcare personnel of LTCFs (12.2) [PDF – 299 KB] – June 2024

Data Fields	Instructions for Completion
Resident Identifier	*Required.* Enter a unique identifier for the resident, assigned by your facility. This can be any combination of letters and numbers. You can directly enter the identifier, 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). 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. **Avoid:** • 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. • 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.* Select the resident's gender from the drop-down box: - Female - Male - Other **Note:** If you cannot obtain this information, select 'Other.'
Sex at Birth	*Optional.* Select the resident's sex at birth from the drop-down box: − Male − Female − Unknown
Gender Identity	*Optional.* Select the resident's gender identity from the drop-down box: − Male − Female − Female-to-male transgender − Male-to-female transgender − Identifies as non-conforming − Other − Asked but unknown **Note:** Multiple gender identities can be selected from the drop-down box except when selecting **'Asked but unknown.'**
Date of Birth	*Required.* Enter the resident's date of birth in the MM/DD/YYYY format.
Ethnicity	*Required.* Select the resident's ethnicity from the drop-down box: - Hispanic or Latino - Not Hispanic or Not Latino - Declined to respond - Unknown

Data Fields	Instructions for Completion

Race	*Required.*
	
	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	*Conditionally required.* 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 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* *- Contraindication* *- Declination* *- Unknown/other vaccination status* Enter the date the resident received dose 1 of COVID-19 vaccine.
Dose 1 vaccine manufacturer name	*Conditionally required if Dose 1 vaccination date is entered.* Select the manufacturer of dose 1 of COVID-19 vaccine that the resident received from the drop-down box: - 2023-2024 Updated COVID-19 vaccine - Bivalent Pfizer vaccine

Data Fields	Instructions for Completion
	- Bivalent Moderna vaccine - Pfizer-BioNTech COVID-19 vaccine - Moderna COVID-19 vaccine - Janssen COVID-19 vaccine - Novavax COVID-19 vaccine - Unspecified manufacturer **2023-2024 Updated COVID-19 vaccine** can only be selected if corresponding dose date is after 9/12/2023. **Bivalent Pfizer vaccine** and **Bivalent Moderna vaccine** can only be selected if corresponding dose date is between 4/20/2023 and 9/12/2023. **Pfizer-BioNTech COVID-19 vaccine** and **Moderna COVID-19 vaccine** can only be selected if corresponding dose date is on or before 4/19/2023. **Janssen COVID-19 vaccine** can only be selected if corresponding dose date is before 6/26/2023. **Novavax COVID-19 vaccine** can only be selected if corresponding dose date is on or after 6/1/2022.
Dose 2 vaccination date	*Conditionally required if the resident received a second dose of COVID-19 vaccine.* Enter the date the resident received dose 2 of COVID-19 vaccine.
Dose 2 vaccine manufacturer name	*Conditionally required if Dose 2 vaccination date is entered.* Select the manufacturer of dose 2 of COVID-19 vaccine that the resident received from the drop-down box: - 2023-2024 Updated COVID-19 vaccine - Bivalent Pfizer vaccine - Bivalent Moderna vaccine - Pfizer-BioNTech COVID-19 vaccine - Moderna COVID-19 vaccine - Janssen COVID-19 vaccine - Novavax COVID-19 vaccine - Unspecified manufacturer

Data Fields	Instructions for Completion
	2023-2024 Updated COVID-19 vaccine can only be selected if corresponding dose date is after 9/12/2023. **Bivalent Pfizer vaccine** and **Bivalent Moderna vaccine** can only be selected if corresponding dose date is between 4/20/2023 and 9/12/2023. **Pfizer-BioNTech COVID-19 vaccine** and **Moderna COVID-19 vaccine** can only be selected if corresponding dose date is on or before 4/19/2023. **Janssen COVID-19 vaccine** can only be selected if corresponding dose date is before 6/26/2023. **Novavax COVID-19 vaccine** can only be selected if corresponding dose date is on or after 6/1/2022.
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* *- Contraindication* *- Declination* *- Unknown/other 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/clinical-considerations/interim-considerations-us.html#contraindications 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*

Data Fields	Instructions for Completion
	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 an original **monovalent** dose of COVID-19 vaccine and had a severe allergic reaction to this dose, and as a result cannot receive another COVID-19 vaccine dose, the individual will be classified in the weekly summary counts as a medical contraindication. If a resident had a medical contraindication after receiving a **2023-2024 Updated COVID-19 Vaccine**, they will be counted in the up to date category (i.e., not in the medical contraindication category). Users should enter both the dose date and the medical contraindication date.
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* * - Contraindication* * - Declination* * - Unknown/other vaccination status* Enter the date the resident was offered but declined COVID-19 vaccination (i.e., not up to date because resident declined the COVID-19 vaccine that would make them up to date). 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/other 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*

Data Fields	Instructions for Completion
	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* *- Contraindication* *- Declination* *- Unknown/other vaccination status* Enter the date the resident's vaccination status was recorded as unknown or other (i.e., not up to date, unknown or other reason). **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.
Dose 3 Date	*Conditionally required if the resident received a third dose of COVID-19 vaccine.* Enter the date the resident received dose 3 of COVID-19 vaccine.
Dose 3 dose type	*Conditionally required if Dose 3 vaccination date is entered AND the date entered is before 6/26/2023. If the date entered is on or after 6/26/2023, this data field is no longer required.* 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:** 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.

Data Fields	Instructions for Completion
Dose 3 Manufacturer	*Conditionally required if Dose 3 vaccination date is entered.* Select the manufacturer of dose 3 of COVID-19 vaccine that the resident received from the drop-down box: - 2023-2024 Updated COVID-19 vaccine - Bivalent Pfizer vaccine - Bivalent Moderna vaccine - Pfizer-BioNTech COVID-19 vaccine - Moderna COVID-19 vaccine - Janssen COVID-19 vaccine - Novavax COVID-19 vaccine - Unspecified manufacturer **2023-2024 Updated COVID-19 vaccine** can only be selected if corresponding dose date is after 9/12/2023. **Bivalent Pfizer vaccine** and **Bivalent Moderna vaccine** can only be selected if corresponding dose date is between 8/31/2022 and 9/12/2023. **Pfizer-BioNTech COVID-19 vaccine**, **Moderna COVID-19 vaccine, and Janssen COVID-19 vaccine** can only be selected if corresponding dose date is before 9/26/2022. **Novavax COVID-19 vaccine** can only be selected if corresponding dose date is on or after 6/1/2022.
Dose 4 Date	*Conditionally required if the resident received a fourth dose of COVID-19 vaccine.* Enter the date the resident received dose 4 of COVID-19 vaccine.
Dose 4 Manufacturer	*Conditionally required if Dose 4 vaccination date is entered.* Select the manufacturer of dose 4 of COVID-19 vaccine that the resident received from the drop-down box: - 2023-2024 Updated COVID-19 vaccine - Bivalent Pfizer vaccine - Bivalent Moderna vaccine - Pfizer-BioNTech COVID-19 vaccine - Moderna COVID-19 vaccine - Janssen COVID-19 vaccine - Novavax COVID-19 vaccine

Data Fields	Instructions for Completion
	- Unspecified manufacturer **2023-2024 Updated COVID-19 vaccine** can only be selected if corresponding dose date is after 9/12/2023. **Bivalent Pfizer vaccine** and **Bivalent Moderna vaccine** can only be selected if corresponding dose date is between 8/31/2022 and 9/12/2023. **Pfizer-BioNTech COVID-19 vaccine**, **Moderna COVID-19 vaccine, and Janssen COVID-19 vaccine** can only be selected if corresponding dose date is before 9/26/2022. **Novavax COVID-19 vaccine** can only be selected if corresponding dose date is on or after 6/1/2022.
Dose 5 Date	*Conditionally required if the resident received a fifth dose of COVID-19 vaccine.* Enter the date the resident received dose 5 of COVID-19 vaccine.
Dose 5 Manufacturer	*Conditionally required if Dose 5 vaccination date is entered.* Select the manufacturer of dose 5 of COVID-19 vaccine that the resident received from the drop-down box: - 2023-2024 Updated COVID-19 vaccine - Bivalent Pfizer vaccine - Bivalent Moderna vaccine - Pfizer-BioNTech COVID-19 vaccine - Moderna COVID-19 vaccine - Janssen COVID-19 vaccine - Novavax COVID-19 vaccine - Unspecified manufacturer **2023-2024 Updated COVID-19 vaccine** can only be selected if corresponding dose date is after 9/12/2023. **Bivalent Pfizer vaccine** and **Bivalent Moderna vaccine** can only be selected if corresponding dose date is between 8/31/2022 and 9/12/2023.

Data Fields	Instructions for Completion
	Pfizer-BioNTech COVID-19 vaccine, **Moderna COVID-19 vaccine, and Janssen COVID-19 vaccine** can only be selected if corresponding dose date is before 9/26/2022. **Novavax COVID-19 vaccine** can only be selected if corresponding dose date is on or after 6/1/2022.
Dose 6 Date	*Conditionally required if the resident received a sixth dose of COVID-19 vaccine.* Enter the date the resident received dose 6 of COVID-19 vaccine.
Dose 6 Manufacturer	*Conditionally required if Dose 6 vaccination date is entered.* Select the manufacturer of dose 6 of COVID-19 vaccine that the resident received from the drop-down box: - 2023-2024 Updated COVID-19 vaccine - Bivalent Pfizer vaccine - Bivalent Moderna vaccine - Pfizer-BioNTech COVID-19 vaccine - Moderna COVID-19 vaccine - Janssen COVID-19 vaccine - Novavax COVID-19 vaccine - Unspecified manufacturer **2023-2024 Updated COVID-19 vaccine** can only be selected if corresponding dose date is after 9/12/2023. **Bivalent Pfizer vaccine** and **Bivalent Moderna vaccine** can only be selected if corresponding dose date is between 8/31/2022 and 9/12/2023. **Pfizer-BioNTech COVID-19 vaccine**, **Moderna COVID-19 vaccine, and Janssen COVID-19 vaccine** can only be selected if corresponding dose date is before 9/26/2022. **Novavax COVID-19 vaccine** can only be selected if corresponding dose date is on or after 6/1/2022.
Dose 7 Date	*Conditionally required if the resident received a seventh dose of COVID-19 vaccine.* Enter the date the resident received dose 7 of COVID-19 vaccine.
Dose 7 Manufacturer	*Conditionally required if Dose 7 vaccination date is entered.*

Data Fields	Instructions for Completion
	Select the manufacturer of dose 7 of COVID-19 vaccine that the resident received from the drop-down box: - 2023-2024 Updated COVID-19 vaccine - Bivalent Pfizer vaccine - Bivalent Moderna vaccine - Pfizer-BioNTech COVID-19 vaccine - Moderna COVID-19 vaccine - Janssen COVID-19 vaccine - Novavax COVID-19 vaccine - Unspecified manufacturer **2023-2024 Updated COVID-19 vaccine** can only be selected if corresponding dose date is after 9/12/2023. **Bivalent Pfizer vaccine** and **Bivalent Moderna vaccine** can only be selected if corresponding dose date is between 8/31/2022 and 9/12/2023. **Pfizer-BioNTech COVID-19 vaccine**, **Moderna COVID-19 vaccine, and Janssen COVID-19 vaccine** can only be selected if corresponding dose date is before 9/26/2022. **Novavax COVID-19 vaccine** can only be selected if corresponding dose date is on or after 6/1/2022.
Dose 8 Date	*Conditionally required if the resident received an eighth dose of COVID-19 vaccine.* Enter the date the resident received dose 8 of COVID-19 vaccine.
Dose 8 Manufacturer	*Conditionally required if Dose 8 vaccination date is entered.* Select the manufacturer of dose 8 of COVID-19 vaccine that the resident received from the drop-down box: - 2023-2024 Updated COVID-19 vaccine - Unspecified manufacturer **2023-2024 Updated COVID-19 vaccine** can only be selected if corresponding dose date is after 9/12/2023.
Dose 9 Date	*Conditionally required if the resident received a ninth dose of COVID-19 vaccine.* Enter the date the resident received dose 9 of COVID-19 vaccine.

Data Fields	Instructions for Completion
Dose 9 Manufacturer	*Conditionally required if Dose 9 vaccination date is entered.* Select the manufacturer of dose 9 of COVID-19 vaccine that the resident received from the drop-down box: - 2023-2024 Updated COVID-19 vaccine - Unspecified manufacturer **2023-2024 Updated COVID-19 vaccine** can only be selected if corresponding dose date is after 9/12/2023.
Dose 10 Date	*Conditionally required if the resident received a tenth dose of COVID-19 vaccine.* Enter the date the resident received dose 10 of COVID-19 vaccine.
Dose 10 Manufacturer	*Conditionally required if Dose 10 vaccination date is entered.* Select the manufacturer of dose 10 of COVID-19 vaccine that the resident received from the drop-down box: - 2023-2024 Updated COVID-19 vaccine - Unspecified manufacturer **2023-2024 Updated COVID-19 vaccine** can only be selected if corresponding dose date is after 9/12/2023.
Dose 1 vaccine NDC number	*Optional.* Enter the NDC number for Dose 1 of the COVID-19 vaccine the resident received.
Dose 1 vaccine Lot number	*Optional.* Enter the Lot number for Dose 1 of the COVID-19 vaccine the resident received.
Dose 1 vaccine expiration date	*Optional.* Enter the expiration date for Dose 1 of the COVID-19 vaccine the resident received.
Dose 2 vaccine NDC number	*Optional.* Enter the NDC number for Dose 2 of the COVID-19 vaccine the resident received.
Dose 2 vaccine Lot number	*Optional.* Enter the Lot number for Dose 2 of the COVID-19 vaccine the resident received.
Dose 2 vaccine expiration date	*Optional.* Enter the expiration date for Dose 2 of the COVID-19 vaccine the resident received.
Dose 3 vaccine NDC number	*Optional.* Enter the NDC number for Dose 3 of the COVID-19 vaccine the resident received.
Dose 3 vaccine Lot number	*Optional.* Enter the Lot number for Dose 3 of the COVID-19 vaccine the resident received.
Dose 3 vaccine expiration date	*Optional.* Enter the expiration date for Dose 3 of the COVID-19 vaccine the resident received.

Data Fields	Instructions for Completion
Dose 4 vaccine NDC number	*Optional.* Enter the NDC number for Dose 4 of the COVID-19 vaccine the resident received.
Dose 4 vaccine Lot number	*Optional.* Enter the Lot number for Dose 4 of the COVID-19 vaccine the resident received.
Dose 4 vaccine expiration date	*Optional.* Enter the expiration date for Dose 4 of the COVID-19 vaccine the resident received.
Dose 5 vaccine NDC number	*Optional.* Enter the NDC number for Dose 5 of the COVID-19 vaccine the resident received.
Dose 5 vaccine Lot number	*Optional.* Enter the Lot number for Dose 5 of the COVID-19 vaccine the resident received.
Dose 5 vaccine expiration date	*Optional.* Enter the expiration date for Dose 5 of the COVID-19 vaccine the resident received.
Dose 6 vaccine NDC number	*Optional.* Enter the NDC number for Dose 6 of the COVID-19 vaccine the resident received.
Dose 6 vaccine Lot number	*Optional.* Enter the Lot number for Dose 6 of the COVID-19 vaccine the resident received.
Dose 6 vaccine expiration date	*Optional.* Enter the expiration date for Dose 6 of the COVID-19 vaccine the resident received.
Dose 7 vaccine NDC number	*Optional.* Enter the NDC number for Dose 7 of the COVID-19 vaccine the resident received.
Dose 7 vaccine Lot number	*Optional.* Enter the Lot number for Dose 7 of the COVID-19 vaccine the resident received.
Dose 7 vaccine expiration date	*Optional.* Enter the expiration date for Dose 7 of the COVID-19 vaccine the resident received.
Dose 8 vaccine NDC number	*Optional.* Enter the NDC number for Dose 8 of the COVID-19 vaccine the resident received.
Dose 8 vaccine Lot number	*Optional.* Enter the Lot number for Dose 8 of the COVID-19 vaccine the resident received.
Dose 8 vaccine expiration date	*Optional.* Enter the expiration date for Dose 8 of the COVID-19 vaccine the resident received.
Dose 9 vaccine NDC number	*Optional.* Enter the NDC number for Dose 9 of the COVID-19 vaccine the resident received.
Dose 9 vaccine Lot number	*Optional.* Enter the Lot number for Dose 9 of the COVID-19 vaccine the resident received.
Dose 9 vaccine expiration date	*Optional.* Enter the expiration date for Dose 9 of the COVID-19 vaccine the resident received.

Data Fields	Instructions for Completion
Dose 10 vaccine NDC number	*Optional.* Enter the NDC number for Dose 10 of the COVID-19 vaccine the resident received.
Dose 10 vaccine Lot number	*Optional.* Enter the Lot number for Dose 10 of the COVID-19 vaccine the resident received.
Dose 10 vaccine expiration date	*Optional.* Enter the expiration date for Dose 10 of the COVID-19 vaccine the resident received.
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.
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.