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

The optional Person-Level Vaccination Form for Healthcare Personnel (HCP) 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 HCP 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 HCP COVID-19 Vaccination Module. CDC recommends 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.

If you plan to submit person-level data via .CSV file upload, please refer to the latest variable description and file layout document for additional guidance: variable description file layout for LTC residents and healthcare personnel.

Data Fields	Instructions for Completion
Unique HCP Identifier	*Required.* Enter a unique identifier for the healthcare worker, assigned by your facility. This can be any combination of letters and numbers. This identifier is designated by your facility, not NHSN. You can directly enter the identifier, or you can click the **Find** button and select a healthcare worker from the list of healthcare workers who have previously had data submitted in NHSN via other Person-Level Forms (e.g., Point of Care Testing (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.
HCP First Name	*Required.* Enter the healthcare worker's first name.

Data Fields	Instructions for Completion
HCP Last Name	*Required.* Enter the healthcare worker's last name.
Sex	*Required.* Select the healthcare worker's sex from the drop-down box: – F (Female) – M (Male) – N (Not Available/Missing) **Note:** Select "N – Not Available/Missing" only if a value of F or M is not available in the medical record.
Date of Birth	*Required.* Enter the healthcare worker's date of birth in the MM/DD/YYYY format.
Ethnicity	*Required.* Select the healthcare worker's ethnicity from the drop-down box: - Hispanic or Latino - Not Hispanic or Not Latino - Unknown
Race	*Required.* Select the healthcare worker's racial group(s) from the drop-down box: - American Indian/Alaska Native - Asian - Black or African American - Native Hawaiian/Other Pacific Islander - White - Unknown **Note:** Multiple races can be selected from the drop-down box except when selecting **Unknown.**
HCP Start of Employment Date	*Required.* Enter the date the healthcare worker began working at the facility.
HCP End of Employment Date	*Conditionally required.* Enter the date the healthcare worker last worked at the facility. **Note:** If a healthcare worker leaves the facility for any reason for longer than 2 weeks (14 days) and then returns after more than 2 weeks, enter an end of employment date on the day they last worked at the facility. When they return to work in the facility, duplicate their row (using the **+ button** next to their row) and enter a new start of employment date on their new row. This new start of employment date must be at least 2 weeks after the original row's end of the employment date.

Data Fields	Instructions for Completion
HCP Category	*Required.* Select the appropriate HCP category for the healthcare worker from the drop-down box: - Employees (staff on facility payroll) - Licensed independent practitioners: (contracted physicians, advanced practice nurses, & physician assistants) - Adult students/trainees & volunteers - Other Contract Personnel Please refer to the COVID-19 Vaccination Staff TOI document for definitions of each HCP category.
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 healthcare worker 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 healthcare worker received from the drop-down box: - 2026-2027 COVID-19 vaccine - 2025-2026 COVID-19 vaccine - 2024-2025 COVID-19 vaccine - 2023-2024 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 **2026-2027 COVID-19 vaccine** can only be selected if corresponding dose date is on or after 9/1/2026. **2025-2026 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/1/2025 and 8/31/2026.

Data Fields	Instructions for Completion
	2024-2025 COVID-19 vaccine can only be selected if corresponding dose date is between 9/2/2024 and 8/31/2025. **2023-2024 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024. **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. **Unspecified manufacturer** can only be selected if corresponding dose date is before 9/1/2025.
Dose 2 vaccination date	*Conditionally required if the healthcare worker received a second dose of COVID-19 vaccine.* Enter the date the healthcare worker 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 healthcare worker received from the drop-down box: - 2026-2027 COVID-19 vaccine - 2025-2026 COVID-19 vaccine - 2024-2025 COVID-19 vaccine - 2023-2024 COVID-19 vaccine - Bivalent Pfizer vaccine - Bivalent Moderna vaccine - Pfizer-BioNTech COVID-19 vaccine - Moderna COVID-19 vaccine - Novavax COVID-19 vaccine - Unspecified manufacturer

Data Fields	Instructions for Completion
	2026-2027 COVID-19 vaccine can only be selected if corresponding dose date is on or after 9/1/2026. **2025-2026 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/1/2025 and 8/31/2026. **2024-2025 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/2/2024 and 8/31/2025. **2023-2024 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024. **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. **Novavax COVID-19 vaccine** can only be selected if corresponding dose date is on or after 6/1/2022. **Unspecified manufacturer** can only be selected if corresponding dose date is before 9/1/2025.

Data Fields	Instructions for Completion
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 healthcare worker. 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. 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 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 healthcare worker had a medical contraindication after receiving a **2023-2024 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 1 date and the medical contraindication date.
Declination date	*Conditionally required*.

Data Fields	Instructions for Completion
	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 healthcare worker was offered but declined COVID-19 vaccination (i.e., not Up to Date vaccination status because healthcare worker **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 healthcare worker 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 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 healthcare worker's vaccination status was recorded as unknown. **Note:** This date can correspond to the healthcare worker's start of employment date if the facility cannot determine the healthcare worker's vaccination status at the time of employment, or if the

Data Fields	Instructions for Completion
	facility does not have vaccination documentation for the healthcare worker.
Dose 3 Date	*Conditionally required if the healthcare worker received a third dose of COVID-19 vaccine.* Enter the date the healthcare worker 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 healthcare worker 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.
Dose 3 Manufacturer	*Conditionally required if Dose 3 vaccination date is entered.* Select the manufacturer of dose 3 of COVID-19 vaccine that the healthcare worker received from the drop-down box: - 2026-2027 COVID-19 vaccine - 2025-2026 COVID-19 vaccine - 2024-2025 COVID-19 vaccine - 2023-2024 COVID-19 vaccine - Bivalent Pfizer vaccine - Bivalent Moderna vaccine - Pfizer-BioNTech COVID-19 vaccine

Data Fields	Instructions for Completion
	- Moderna COVID-19 vaccine - Janssen COVID-19 vaccine - Novavax COVID-19 vaccine - Unspecified manufacturer **2026-2027 COVID-19 vaccine** can only be selected if corresponding dose date is on or after 9/1/2026. **2025-2026 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/1/2025 and 8/31/2026. **2024-2025 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/2/2024 and 8/31/2025. **2023-2024 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024. **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 between 6/1/2022 and 9/1/2024. **Unspecified manufacturer** can only be selected if corresponding dose date is before 9/1/2025.
Dose 4 Date	*Conditionally required if the healthcare worker received a fourth dose of COVID-19 vaccine.* Enter the date the healthcare worker 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 healthcare worker received from the drop-down box: - 2026-2027 COVID-19 vaccine - 2025-2026 COVID-19 vaccine - 2024-2025 COVID-19 vaccine

Data Fields	Instructions for Completion
	- 2023-2024 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 **2026-2027 COVID-19 vaccine** can only be selected if corresponding dose date is on or after 9/1/2026. **2025-2026 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/1/2025 and 8/31/2026. **2024-2025 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/2/2024 and 8/31/2025. **2023-2024 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024. **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 between 6/1/2022 and 9/1/2024. **Unspecified manufacturer** can only be selected if corresponding dose date is before 9/1/2025.
Dose 5 Date	*Conditionally required if the healthcare worker received a fifth dose of COVID-19 vaccine.* Enter the date the healthcare worker received dose 5 of COVID-19 vaccine.
Dose 5 Manufacturer	*Conditionally required if Dose 5 vaccination date is entered.*

Data Fields	Instructions for Completion
	Select the manufacturer of dose 5 of COVID-19 vaccine that the healthcare worker received from the drop-down box: - 2026-2027 COVID-19 vaccine - 2025-2026 COVID-19 vaccine - 2024-2025 COVID-19 vaccine - 2023-2024 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 **2026-2027 COVID-19 vaccine** can only be selected if corresponding dose date is on or after 9/1/2026. **2025-2026 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/1/2025 and 8/31/2026. **2024-2025 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/2/2024 and 8/31/2025. **2023-2024 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024. **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 between 6/1/2022 and 9/1/2024. **Unspecified manufacturer** can only be selected if corresponding dose date is before 9/1/2025.
Dose 6 Date	*Conditionally required if the healthcare worker received a sixth dose of COVID-19 vaccine.*

Data Fields	Instructions for Completion
	Enter the date the healthcare worker 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 healthcare worker received from the drop-down box: - 2026-2027 COVID-19 vaccine - 2025-2026 COVID-19 vaccine - 2024-2025 COVID-19 vaccine - 2023-2024 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 **2026-2027 COVID-19 vaccine** can only be selected if corresponding dose date is on or after 9/1/2026. **2025-2026 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/1/2025 and 8/31/2026. **2024-2025 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/2/2024 and 8/31/2025. **2023-2024 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024. **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 between 6/1/2022 and 9/1/2024.

Data Fields	Instructions for Completion
	Unspecified manufacturer can only be selected if corresponding dose date is before 9/1/2025.
Dose 7 Date	*Conditionally required if the healthcare worker received a seventh dose of COVID-19 vaccine.* Enter the date the healthcare worker received dose 7 of COVID-19 vaccine.
Dose 7 Manufacturer	*Conditionally required if Dose 7 vaccination date is entered.* Select the manufacturer of dose 7 of COVID-19 vaccine that the healthcare worker received from the drop-down box: - 2026-2027 COVID-19 vaccine - 2025-2026 COVID-19 vaccine - 2024-2025 COVID-19 vaccine - 2023-2024 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 **2026-2027 COVID-19 vaccine** can only be selected if corresponding dose date is on or after 9/1/2026. **2025-2026 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/1/2025 and 8/31/2026. **2024-2025 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/2/2024 and 8/31/2025. **2023-2024 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024. **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, 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 between 6/1/2022 and 9/1/2024. **Unspecified manufacturer** can only be selected if corresponding dose date is before 9/1/2025.
Dose 8 Date	*Conditionally required if the healthcare worker received an eighth dose of COVID-19 vaccine.* Enter the date the healthcare worker 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 healthcare worker received from the drop-down box: - 2026-2027 COVID-19 vaccine - 2025-2026 COVID-19 vaccine - 2024-2025 COVID-19 vaccine - 2023-2024 COVID-19 vaccine - Unspecified manufacturer **2026-2027 COVID-19 vaccine** can only be selected if corresponding dose date is on or after 9/1/2026. **2025-2026 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/1/2025 and 8/31/2026. **2024-2025 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/2/2024 and 8/31/2025. **2023-2024 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024. **Unspecified manufacturer** can only be selected if the corresponding dose date is between 1/1/2024 and 8/31/2025.
Dose 9 Date	*Conditionally required if the healthcare worker received a ninth dose of COVID-19 vaccine.*

Data Fields	Instructions for Completion
	Enter the date the healthcare worker received dose 9 of COVID-19 vaccine.
Dose 9 Manufacturer	*Conditionally required if Dose 9 vaccination date is entered.* Select the manufacturer of dose 8 of COVID-19 vaccine that the healthcare worker received from the drop-down box: - 2026-2027 COVID-19 vaccine - 2025-2026 COVID-19 vaccine - 2024-2025 COVID-19 vaccine - 2023-2024 COVID-19 vaccine - Unspecified manufacturer **2026-2027 COVID-19 vaccine** can only be selected if corresponding dose date is on or after 9/1/2026. **2025-2026 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/1/2025 and 8/31/2026. **2024-2025 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/2/2024 and 8/31/2025. **2023-2024 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024. **Unspecified manufacturer** can only be selected if the corresponding dose date is between 1/1/2024 and 8/31/2025.
Dose 10 Date	*Conditionally required if the healthcare worker received a tenth dose of COVID-19 vaccine.* Enter the date the healthcare worker 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 healthcare worker received from the drop-down box: - 2026-2027 COVID-19 vaccine - 2025-2026 COVID-19 vaccine - 2024-2025 COVID-19 vaccine - 2023-2024 COVID-19 vaccine - Unspecified manufacturer

Data Fields	Instructions for Completion
	2026-2027 COVID-19 vaccine can only be selected if corresponding dose date is on or after 9/1/2026. **2025-2026 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/1/2025 and 8/31/2026. **2024-2025 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/2/2024 and 8/31/2025. **2023-2024 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024. **Unspecified manufacturer** can only be selected if the corresponding dose date is between 1/1/2024 and 8/31/2025.
Dose 11 Date	*Conditionally required if the healthcare worker received an eleventh dose of COVID-19 vaccine.* Enter the date the healthcare worker received dose 11 of COVID-19 vaccine.
Dose 11 Manufacturer	*Conditionally required if Dose 11 vaccination date is entered.* Select the manufacturer of dose 11 of COVID-19 vaccine that the healthcare worker received from the drop-down box: - 2026-2027 COVID-19 vaccine - 2025-2026 COVID-19 vaccine - 2024-2025 COVID-19 vaccine **2026-2027 COVID-19 vaccine** can only be selected if corresponding dose date is on or after 9/1/2026. **2025-2026 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/1/2025 and 8/31/2026. **2024-2025 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/2/2024 and 8/31/2025.
Dose 12 Date	*Conditionally required if the healthcare worker received a twelfth dose of COVID-19 vaccine.* Enter the date the healthcare worker received dose 12 of COVID-19 vaccine.

Data Fields	Instructions for Completion
Dose 12 Manufacturer	*Conditionally required if Dose 12 vaccination date is entered.* Select the manufacturer of dose 12 of COVID-19 vaccine that the healthcare worker received from the drop-down box: - 2026-2027 COVID-19 vaccine - 2025-2026 COVID-19 vaccine - **2026-2027 COVID-19 vaccine** can only be selected if corresponding dose date is on or after 9/1/2026. **2025-2026 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/1/2025 and 8/31/2026.
Dose 13 Date	*Conditionally required if the healthcare worker received a thirteenth dose of COVID-19 vaccine.* Enter the date the healthcare worker received dose 13 of COVID-19 vaccine.
Dose 13 Manufacturer	*Conditionally required if Dose 13 vaccination date is entered.* Select the manufacturer of dose 13 of COVID-19 vaccine that the healthcare worker received from the drop-down box: - 2026-2027 COVID-19 vaccine - 2025-2026 COVID-19 vaccine **2026-2027 COVID-19 vaccine** can only be selected if corresponding dose date is on or after 9/1/2026. **2025-2026 COVID-19 vaccine** can only be selected if corresponding dose date is between 9/1/2025 and 8/31/2026.
Dose 1 vaccine NDC number	*Optional.* Enter the NDC number for Dose 1 of the COVID-19 vaccine the healthcare worker received.
Dose 1 vaccine Lot number	*Optional.* Enter the Lot number for Dose 1 of the COVID-19 vaccine the healthcare worker received.

Data Fields	Instructions for Completion
Dose 1 vaccine expiration date	*Optional.* Enter the expiration date for Dose 1 of the COVID-19 vaccine the healthcare worker received.
Dose 2 vaccine NDC number	*Optional.* Enter the NDC number for Dose 2 of the COVID-19 vaccine the healthcare worker received.
Dose 2 vaccine Lot number	*Optional.* Enter the Lot number for Dose 2 of the COVID-19 vaccine the healthcare worker received.
Dose 2 vaccine expiration date	*Optional.* Enter the expiration date for Dose 2 of the COVID-19 vaccine the healthcare worker received.
Dose 3 vaccine NDC number	*Optional.* Enter the NDC number for Dose 3 of the COVID-19 vaccine the healthcare worker received.
Dose 3 vaccine Lot number	*Optional.* Enter the Lot number for Dose 3 of the COVID-19 vaccine the healthcare worker received.
Dose 3 vaccine expiration date	*Optional.* Enter the expiration date for Dose 3 of the COVID-19 vaccine the healthcare worker received.
Dose 4 vaccine NDC number	*Optional.* Enter the NDC number for Dose 4 of the COVID-19 vaccine the healthcare worker received.
Dose 4 vaccine Lot number	*Optional.* Enter the Lot number for Dose 4 of the COVID-19 vaccine the healthcare worker received.
Dose 4 vaccine expiration date	*Optional.* Enter the expiration date Dose 4 of the COVID-19 vaccine the healthcare worker received.
Dose 5 vaccine NDC number	*Optional.* Enter the NDC number for Dose 5 of the COVID-19 vaccine the healthcare worker received.
Dose 5 vaccine Lot number	*Optional.* Enter the Lot number for Dose 5 of the COVID-19 vaccine the healthcare worker received.
Dose 5 vaccine expiration date	*Optional.* Enter the expiration date for Dose 5 of the COVID-19 vaccine the healthcare worker received.
Dose 6 vaccine NDC number	*Optional.* Enter the NDC number for Dose 6 of the COVID-19 vaccine the healthcare worker received.
Dose 6 vaccine Lot number	*Optional.* Enter the Lot number for Dose 6 of the COVID-19 vaccine the healthcare worker received.
Dose 6 vaccine expiration date	*Optional.* Enter the expiration date for Dose 6 of the COVID-19 vaccine the healthcare worker received.
Dose 7 vaccine NDC number	*Optional.* Enter the NDC number for Dose 7 of the COVID-19 vaccine the healthcare worker received.
Dose 7 vaccine Lot number	*Optional.* Enter the Lot number for Dose 7 of the COVID-19 vaccine the healthcare worker received.
Dose 7 vaccine expiration date	*Optional.* Enter the expiration date for Dose 7 of the COVID-19 vaccine the healthcare worker received.

Data Fields	Instructions for Completion
Dose 8 vaccine NDC number	*Optional.* Enter the NDC number for Dose 8 of the COVID-19 vaccine the healthcare worker received.
Dose 8 vaccine Lot number	*Optional.* Enter the Lot number for Dose 8 of the COVID-19 vaccine the healthcare worker received.
Dose 8 vaccine expiration date	*Optional.* Enter the expiration date for Dose 8 of the COVID-19 vaccine the healthcare worker received.
Dose 9 vaccine NDC number	*Optional.* Enter the NDC number for Dose 9 of the COVID-19 vaccine the healthcare worker received.
Dose 9 vaccine Lot number	*Optional.* Enter the Lot number for Dose 9 of the COVID-19 vaccine the healthcare worker received.
Dose 9 vaccine expiration date	*Optional.* Enter the expiration date for Dose 9 of the COVID-19 vaccine the healthcare worker received.
Dose 10 vaccine NDC number	*Optional.* Enter the NDC number for Dose 10 of the COVID-19 vaccine the healthcare worker received.
Dose 10 vaccine Lot number	*Optional.* Enter the Lot number for Dose 10 of the COVID-19 vaccine the healthcare worker received.
Dose 10 vaccine expiration date	*Optional.* Enter the expiration date for Dose 10 of the COVID-19 vaccine the healthcare worker received.
Dose 11 vaccine NDC number	*Optional.* Enter the NDC number for Dose 11 of the COVID-19 vaccine the healthcare worker received.
Dose 11 vaccine Lot number	*Optional.* Enter the Lot number for Dose 11 of the COVID-19 vaccine the healthcare worker received.
Dose 11 vaccine expiration date	*Optional.* Enter the expiration date for Dose 11 of the COVID-19 vaccine the healthcare worker received.
Dose 12 vaccine NDC number	*Optional.* Enter the NDC number for Dose 12 of the COVID-19 vaccine the healthcare worker received.
Dose 12 vaccine Lot number	*Optional.* Enter the Lot number for Dose 12 of the COVID-19 vaccine the healthcare worker received.
Dose 12 vaccine expiration date	*Optional.* Enter the expiration date for Dose 12 of the COVID-19 vaccine the healthcare worker received.
Dose 13 vaccine NDC number	*Optional.* Enter the NDC number for Dose 13 of the COVID-19 vaccine the healthcare worker received.
Dose 13 vaccine Lot number	*Optional.* Enter the Lot number for Dose 13 of the COVID-19 vaccine the healthcare worker received.
Dose 13 vaccine expiration date	*Optional.* Enter the expiration date for Dose 13 of the COVID-19 vaccine the healthcare worker received.
Vaccinated at another location?	*Optional.* Select Yes/No from the drop-down box to indicate if the healthcare worker 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 healthcare worker.
Comments	*Optional.* Enter any comments pertinent to the data entered in the healthcare worker's row.