

Optional Person Level Reporting of Weekly COVID-19 Vaccination for Long-Term Care Residents 57.216

(Note: This form is used for the Long-term Care Facility Component).

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*Required for saving **conditionally required

Person-Level COVID-19 Vaccination Form – LTC Component Resident				
Facility ID*:	Resident ID**			
Resident Admission Date*	Resident Discharge Date**			
First Name*:	Last Name*:			
Gender* (Specify):	Date of Birth*:			
Sex at Birth (Specify):	Gender Identity (Specify):			
Ethnicity* (Specify):	Race* (Specify):			
Vaccine Documentation				
Medical Contraindication Date**	Declination Date**: Reason: <input type="checkbox"/> Religious <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Unknown/Other Vaccination Status Date**:		
Dose 1 Vaccine Manufacturer Name**	Dose 1 Vaccination Date**	Dose 1 Vaccine NDC Number	Dose 1 Vaccine Lot Number	Dose 1 Vaccine Expiration Date
Dose 2 Vaccine Manufacturer Name**	Dose 2 Vaccination Date**	Dose 2 Vaccine NDC Number	Dose 2 Vaccine Lot Number	Dose 2 Vaccine Expiration Date
Dose 3 Vaccine Manufacturer Name**	Dose 3 Vaccination Date**	Dose 3 Vaccine NDC Number	Dose 3 Vaccine Lot Number	Dose 3 Vaccine Expiration Date
Dose 4 Vaccine Manufacturer Name**	Dose 4 Vaccination Date**	Dose 4 Vaccine NDC Number	Dose 4 Vaccine Lot Number	Dose 4 Vaccine Expiration Date
Dose 5 Vaccine Manufacturer Name**	Dose 5 Vaccination Date**	Dose 5 Vaccine NDC Number	Dose 5 Vaccine Lot Number	Dose 5 Vaccine Expiration Date
Dose 6 Vaccine Manufacturer Name**	Dose 6 Vaccination Date**	Dose 6 Vaccine NDC Number	Dose 6 Vaccine Lot Number	Dose 6 Vaccine Expiration Date
Dose 7 Vaccine Manufacturer Name**	Dose 7 Vaccination Date**	Dose 7 Vaccine NDC Number	Dose 7 Vaccine Lot Number	Dose 7 Vaccine Expiration Date
Dose 8 Vaccine Manufacturer Name**	Dose 8 Vaccination Date**	Dose 8 Vaccine NDC Number	Dose 8 Vaccine Lot Number	Dose 8 Vaccine Expiration Date
Dose 9 Vaccine Manufacturer Name**	Dose 9 Vaccination Date**	Dose 9 Vaccine NDC Number	Dose 9 Vaccine Lot Number	Dose 9 Vaccine Expiration Date
Dose 10 Vaccine Manufacturer Name**	Dose 10 Vaccination Date**	Dose 10 Vaccine NDC Number	Dose 10 Vaccine Lot Number	Dose 10 Vaccine Expiration Date
Vaccination Education Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Date:			Comments:	
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