
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](#)

Important Notes:

1. If you plan to submit person-level data via .CSV file upload, you can refer to the latest variable description and file layout documents. You can find these at the following webpage: [LTCF | Respiratory Pathogens and Vaccination | NHSN | CDC](#)
2. The 2024-2025 COVID-19 vaccine was approved by the FDA on 8/22/2024. However, the NHSN application will not be able to include the new vaccines until 9/30/2024. If an individual receives the 2024-2025 COVID-19 vaccine before 9/30/2024, and you are entering data for weeks before 9/30/2024, please select the 2023-2024 COVID-19 vaccine for the time being. On 9/30/2024, the NHSN application will automatically change doses received after 8/22/2024 to the 2024-2025 COVID-19 vaccine.
3. After 9/30/2024, the COVID-19, Influenza, and RSV vaccination and case/hospitalization reporting forms will be combined for LTC residents. Reporting data through the person-level forms has not changed, but the "Summary & Submit" screen will display the new combined form. Only questions 1-2a are populated using the person-level information. To complete all required fields on the form for this selected week, you can either:
 - Enter the rest of the values on the form after you click 'View Reporting Summary and Submit', and then click 'Save and Submit Data'; or
 - Use the summary form to enter the remaining required data for questions 2b-4ci. If you do not enter data for questions 2b-4ci and only save and submit the auto-populated data from the person-level forms (questions 1-2a), the week on the calendar will display in **purple**, meaning the record is **partially completed**. The week will remain purple until all

required fields are completed. A reminder can be found in footnote 3 on the save and submit person-level page.

Data Fields	Instructions for Completion
Resident Identifier	<p><i>Required.</i></p> <p>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).</p> <p>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.</p> <p>Avoid:</p> <ul style="list-style-type: none"> 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	<p><i>Required.</i></p> <p>Enter the resident’s first name.</p>
Resident Last Name	<p><i>Required.</i></p> <p>Enter the resident’s last name.</p>
Gender	<p><i>Required.</i></p> <p>Select the resident’s gender from the drop-down box:</p> <ul style="list-style-type: none"> - Female - Male - Other <p>Note: If you cannot obtain this information, select ‘Other.’</p>

Data Fields	Instructions for Completion
Sex at Birth	<p><i>Optional.</i></p> <p>Select the resident’s sex at birth from the drop-down box:</p> <ul style="list-style-type: none"> - Male - Female - Unknown
Gender Identity	<p><i>Optional.</i></p> <p>Select the resident’s gender identity from the drop-down box:</p> <ul style="list-style-type: none"> - Male - Female - Female-to-male transgender - Male-to-female transgender - Identifies as non-conforming - Other - Asked but unknown <p>Note: Multiple gender identities can be selected from the drop-down box except when selecting ‘Asked but unknown.’</p>
Date of Birth	<p><i>Required.</i></p> <p>Enter the resident’s date of birth in the MM/DD/YYYY format.</p>
Ethnicity	<p><i>Required.</i></p> <p>Select the resident’s ethnicity from the drop-down box:</p> <ul style="list-style-type: none"> - Hispanic or Latino - Not Hispanic or Not Latino - Declined to respond - Unknown

Data Fields	Instructions for Completion
Race	<p><i>Required.</i></p> <p>Select the resident’s racial group(s) from the drop-down box:</p> <ul style="list-style-type: none"> - American Indian/Alaska Native - Asian - Black or African American - Native Hawaiian/Other Pacific Islander - White - Declined to respond - Unknown <p>Note: Multiple races can be selected from the drop-down box except when selecting ‘Declined to Respond’ or ‘Unknown.’</p>
Resident Admit Date	<p><i>Required.</i></p> <p>Enter the date the resident was admitted to the facility.</p>
Resident Discharge Date	<p><i>Conditionally required.</i></p> <p>Enter the date the resident was discharged from facility.</p> <p>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.</p>
Dose 1 vaccination date	<p><i>Conditionally required.</i></p> <p><i>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:</i></p> <ul style="list-style-type: none"> - <i>Dose 1</i> - <i>Contraindication</i> - <i>Declination</i> - <i>Unknown/other vaccination status</i> <p>Enter the date the resident received dose 1 of COVID-19 vaccine.</p>

Data Fields	Instructions for Completion
Dose 1 vaccine manufacturer name	<p><i>Conditionally required if Dose 1 vaccination date is entered.</i></p> <p>Select the manufacturer of dose 1 of COVID-19 vaccine that the resident received from the drop-down box:</p> <ul style="list-style-type: none"> - 2024-2025 Updated 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 <p>2024-2025 Updated COVID-19 vaccine can only be selected if corresponding dose date is on or after 9/2/2024.</p> <p>2023-2024 COVID-19 vaccine can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024.</p> <p>Bivalent Pfizer vaccine and Bivalent Moderna vaccine can only be selected if corresponding dose date is between 8/31/2022 and 9/12/2023.</p> <p>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.</p> <p>Novavax COVID-19 vaccine can only be selected if corresponding dose date is between 6/1/2022 – 9/1/2024.</p>
Dose 2 vaccination date	<p><i>Conditionally required if the resident received a second dose of COVID-19 vaccine.</i></p> <p>Enter the date the resident received dose 2 of COVID-19 vaccine.</p>
Dose 2 vaccine manufacturer name	<p><i>Conditionally required if Dose 2 vaccination date is entered.</i></p> <p>Select the manufacturer of dose 2 of COVID-19 vaccine that the resident received from the drop-down box:</p>

Data Fields	Instructions for Completion
	<ul style="list-style-type: none"> - 2024-2025 Updated 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 <p>2024-2025 Updated COVID-19 vaccine can only be selected if corresponding dose date is on or after 9/2/2024.</p> <p>2023-2024 COVID-19 vaccine can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024.</p> <p>Bivalent Pfizer vaccine and Bivalent Moderna vaccine can only be selected if corresponding dose date is between 8/31/2022 and 9/12/2023.</p> <p>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.</p> <p>Novavax COVID-19 vaccine can only be selected if corresponding dose date is between 6/1/2022 – 9/1/2024.</p>
Medical contraindication date	<p><i>Conditionally required.</i></p> <p><i>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:</i></p> <ul style="list-style-type: none"> - <i>Dose 1</i> - <i>Contraindication</i> - <i>Declination</i> - <i>Unknown/other vaccination status</i>

Data Fields	Instructions for Completion
	<p>Enter the date the medical contraindication was noted for the resident.</p> <p>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</p> <p>For the purpose of NHSN COVID-19 vaccination surveillance, philosophical, religious, or other reasons for declining COVID-19 vaccine not listed in the <i>Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States</i> as a contraindication are not considered medical contraindications for COVID-19 vaccination and should be reported in the ‘Declination reason’ column instead.</p> <p>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 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.</p>
Declination date	<p><i>Conditionally required.</i></p> <p><i>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:</i></p> <ul style="list-style-type: none"> - <i>Dose 1</i> - <i>Contraindication</i> - <i>Declination</i> - <i>Unknown/other vaccination status</i>

Data Fields	Instructions for Completion
	<p>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).</p> <p>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.</p>
Declination reason	<p><i>Conditionally required if Declination date is entered.</i></p> <p>Select the reason the resident declined COVID-19 vaccination from the drop-down box:</p> <ul style="list-style-type: none"> - Received official religious exemption - Other - Unknown
Unknown/other COVID-19 vaccination status date	<p><i>Conditionally required.</i></p> <p><i>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:</i></p> <ul style="list-style-type: none"> - <i>Dose 1</i> - <i>Contraindication</i> - <i>Declination</i> - <i>Unknown/other vaccination status</i> <p>Enter the date the resident’s vaccination status was recorded as unknown or other (i.e., not up to date, unknown or other reason).</p> <p>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.</p>
Dose 3 Date	<p><i>Conditionally required if the resident received a third dose of COVID-19 vaccine.</i></p> <p>Enter the date the resident received dose 3 of COVID-19 vaccine.</p>

Data Fields	Instructions for Completion
Dose 3 Manufacturer	<p><i>Conditionally required if Dose 3 vaccination date is entered.</i></p> <p>Select the manufacturer of dose 3 of COVID-19 vaccine that the resident received from the drop-down box:</p> <ul style="list-style-type: none"> - 2024-2025 Updated 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 <p>2024-2025 Updated COVID-19 vaccine can only be selected if corresponding dose date is on or after 9/2/2024.</p> <p>2023-2024 COVID-19 vaccine can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024.</p> <p>Bivalent Pfizer vaccine and Bivalent Moderna vaccine can only be selected if corresponding dose date is between 8/31/2022 and 9/12/2023.</p> <p>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.</p> <p>Novavax COVID-19 vaccine can only be selected if corresponding dose date is between 6/1/2022 – 9/1/2024.</p>
Dose 4 Date	<p><i>Conditionally required if the resident received a fourth dose of COVID-19 vaccine.</i></p> <p>Enter the date the resident received dose 4 of COVID-19 vaccine.</p>
Dose 4 Manufacturer	<p><i>Conditionally required if Dose 4 vaccination date is entered.</i></p> <p>Select the manufacturer of dose 4 of COVID-19 vaccine that the resident received from the drop-down box:</p>

Data Fields	Instructions for Completion
	<ul style="list-style-type: none"> - 2024-2025 Updated 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 <p>2024-2025 Updated COVID-19 vaccine can only be selected if corresponding dose date is on or after 9/2/2024.</p> <p>2023-2024 COVID-19 vaccine can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024.</p> <p>Bivalent Pfizer vaccine and Bivalent Moderna vaccine can only be selected if corresponding dose date is between 8/31/2022 and 9/12/2023.</p> <p>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.</p> <p>Novavax COVID-19 vaccine can only be selected if corresponding dose date is between 6/1/2022 – 9/1/2024.</p>
Dose 5 Date	<p><i>Conditionally required if the resident received a fifth dose of COVID-19 vaccine.</i></p> <p>Enter the date the resident received dose 5 of COVID-19 vaccine.</p>
Dose 5 Manufacturer	<p><i>Conditionally required if Dose 5 vaccination date is entered.</i></p> <p>Select the manufacturer of dose 5 of COVID-19 vaccine that the resident received from the drop-down box:</p> <ul style="list-style-type: none"> - 2024-2025 Updated COVID-19 vaccine - 2023-2024 COVID-19 vaccine - Bivalent Pfizer vaccine - Bivalent Moderna vaccine

Data Fields	Instructions for Completion
	<ul style="list-style-type: none"> - Pfizer-BioNTech COVID-19 vaccine - Moderna COVID-19 vaccine - Janssen COVID-19 vaccine - Novavax COVID-19 vaccine - Unspecified manufacturer <p>2024-2025 Updated COVID-19 vaccine can only be selected if corresponding dose date is on or after 9/2/2024.</p> <p>2023-2024 COVID-19 vaccine can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024.</p> <p>Bivalent Pfizer vaccine and Bivalent Moderna vaccine can only be selected if corresponding dose date is between 8/31/2022 and 9/12/2023.</p> <p>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.</p> <p>Novavax COVID-19 vaccine can only be selected if corresponding dose date is between 6/1/2022 – 9/1/2024.</p>
Dose 6 Date	<p><i>Conditionally required if the resident received a sixth dose of COVID-19 vaccine.</i></p> <p>Enter the date the resident received dose 6 of COVID-19 vaccine.</p>
Dose 6 Manufacturer	<p><i>Conditionally required if Dose 6 vaccination date is entered.</i></p> <p>Select the manufacturer of dose 6 of COVID-19 vaccine that the resident received from the drop-down box:</p> <ul style="list-style-type: none"> - 2024-2025 Updated 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

Data Fields	Instructions for Completion
	<ul style="list-style-type: none"> - Unspecified manufacturer <p>2024-2025 Updated COVID-19 vaccine can only be selected if corresponding dose date is on or after 9/2/2024.</p> <p>2023-2024 COVID-19 vaccine can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024.</p> <p>Bivalent Pfizer vaccine and Bivalent Moderna vaccine can only be selected if corresponding dose date is between 8/31/2022 and 9/12/2023.</p> <p>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.</p> <p>Novavax COVID-19 vaccine can only be selected if corresponding dose date is between 6/1/2022 – 9/1/2024.</p>
Dose 7 Date	<p><i>Conditionally required if the resident received a seventh dose of COVID-19 vaccine.</i></p> <p>Enter the date the resident received dose 7 of COVID-19 vaccine.</p>
Dose 7 Manufacturer	<p><i>Conditionally required if Dose 7 vaccination date is entered.</i></p> <p>Select the manufacturer of dose 7 of COVID-19 vaccine that the healthcare worker received from the drop-down box:</p> <ul style="list-style-type: none"> - 2024-2025 Updated 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 <p>2024-2025 Updated COVID-19 vaccine can only be selected if corresponding dose date is on or after 9/2/2024.</p>

Data Fields	Instructions for Completion
	<p>2023-2024 COVID-19 vaccine can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024.</p> <p>Bivalent Pfizer vaccine and Bivalent Moderna vaccine can only be selected if corresponding dose date is between 8/31/2022 and 9/12/2023.</p> <p>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.</p> <p>Novavax COVID-19 vaccine can only be selected if corresponding dose date is between 6/1/2022 – 9/1/2024.</p>
Dose 8 Date	<p><i>Conditionally required if the resident received an eighth dose of COVID-19 vaccine.</i></p> <p>Enter the date the resident received dose 8 of COVID-19 vaccine.</p>
Dose 8 Manufacturer	<p><i>Conditionally required if Dose 8 vaccination date is entered.</i></p> <p>Select the manufacturer of dose 8 of COVID-19 vaccine that the resident received from the drop-down box:</p> <ul style="list-style-type: none"> -2024-2025 Updated COVID-19 vaccine -2023-2024 COVID-19 vaccine -Unspecified manufacturer <p>2024-2025 Updated COVID-19 vaccine can only be selected if corresponding dose date is on or after 9/2/2024.</p> <p>2023-2024 COVID-19 vaccine can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024.</p>
Dose 9 Date	<p><i>Conditionally required if the resident received a ninth dose of COVID-19 vaccine.</i></p> <p>Enter the date the resident received dose 9 of COVID-19 vaccine.</p>
Dose 9 Manufacturer	<p><i>Conditionally required if Dose 9 vaccination date is entered.</i></p>

Data Fields	Instructions for Completion
	<p>Select the manufacturer of dose 9 of COVID-19 vaccine that the resident received from the drop-down box:</p> <ul style="list-style-type: none"> -2024-2025 Updated COVID-19 vaccine -2023-2024 COVID-19 vaccine -Unspecified manufacturer <p>2024-2025 Updated COVID-19 vaccine can only be selected if corresponding dose date is on or after 9/2/2024.</p> <p>2023-2024 COVID-19 vaccine can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024.</p>
Dose 10 Date	<p><i>Conditionally required if the resident received a tenth dose of COVID-19 vaccine.</i></p> <p>Enter the date the resident received dose 10 of COVID-19 vaccine.</p>
Dose 10 Manufacturer	<p><i>Conditionally required if Dose10 vaccination date is entered.</i></p> <p>Select the manufacturer of dose 10 of COVID-19 vaccine that the resident received from the drop-down box:</p> <ul style="list-style-type: none"> -2024-2025 Updated COVID-19 vaccine -2023-2024 COVID-19 vaccine -Unspecified manufacturer <p>2024-2025 Updated COVID-19 vaccine can only be selected if corresponding dose date is on or after 9/2/2024.</p> <p>2023-2024 COVID-19 vaccine can only be selected if corresponding dose date is between 9/13/2023 and 9/1/2024.</p>
Dose 1 vaccine NDC number	<p><i>Optional.</i> Enter the NDC number for Dose 1 of the COVID-19 vaccine the resident received.</p>
Dose 1 vaccine Lot number	<p><i>Optional.</i> Enter the Lot number for Dose 1 of the COVID-19 vaccine the resident received.</p>
Dose 1 vaccine expiration date	<p><i>Optional.</i> Enter the expiration date for Dose 1 of the COVID-19 vaccine the resident received.</p>
Dose 2 vaccine NDC number	<p><i>Optional.</i> Enter the NDC number for Dose 2 of the COVID-19 vaccine the resident received.</p>

Data Fields	Instructions for Completion
Dose 2 vaccine Lot number	<i>Optional.</i> Enter the Lot number for Dose 2 of the COVID-19 vaccine the resident received.
Dose 2 vaccine expiration date	<i>Optional.</i> Enter the expiration date for Dose 2 of the COVID-19 vaccine the resident received.
Dose 3 vaccine NDC number	<i>Optional.</i> Enter the NDC number for Dose 3 of the COVID-19 vaccine the resident received.
Dose 3 vaccine Lot number	<i>Optional.</i> Enter the Lot number for Dose 3 of the COVID-19 vaccine the resident received.
Dose 3 vaccine expiration date	<i>Optional.</i> Enter the expiration date for Dose 3 of the COVID-19 vaccine the resident received.
Dose 4 vaccine NDC number	<i>Optional.</i> Enter the NDC number for Dose 4 of the COVID-19 vaccine the resident received.
Dose 4 vaccine Lot number	<i>Optional.</i> Enter the Lot number for Dose 4 of the COVID-19 vaccine the resident received.
Dose 4 vaccine expiration date	<i>Optional.</i> Enter the expiration date for Dose 4 of the COVID-19 vaccine the resident received.
Dose 5 vaccine NDC number	<i>Optional.</i> Enter the NDC number for Dose 5 of the COVID-19 vaccine the resident received.
Dose 5 vaccine Lot number	<i>Optional.</i> Enter the Lot number for Dose 5 of the COVID-19 vaccine the resident received.
Dose 5 vaccine expiration date	<i>Optional.</i> Enter the expiration date for Dose 5 of the COVID-19 vaccine the resident received.
Dose 6 vaccine NDC number	<i>Optional.</i> Enter the NDC number for Dose 6 of the COVID-19 vaccine the resident received.
Dose 6 vaccine Lot number	<i>Optional.</i> Enter the Lot number for Dose 6 of the COVID-19 vaccine the resident received.
Dose 6 vaccine expiration date	<i>Optional.</i> Enter the expiration date for Dose 6 of the COVID-19 vaccine the resident received.
Dose 7 vaccine NDC number	<i>Optional.</i> Enter the NDC number for Dose 7 of the COVID-19 vaccine the resident received.
Dose 7 vaccine Lot number	<i>Optional.</i> Enter the Lot number for Dose 7 of the COVID-19 vaccine the resident received.
Dose 7 vaccine expiration date	<i>Optional.</i> Enter the expiration date for Dose 7 of the COVID-19 vaccine the resident received.

Data Fields	Instructions for Completion
Dose 8 vaccine NDC number	<i>Optional.</i> Enter the NDC number for Dose 8 of the COVID-19 vaccine the resident received.
Dose 8 vaccine Lot number	<i>Optional.</i> Enter the Lot number for Dose 8 of the COVID-19 vaccine the resident received.
Dose 8 vaccine expiration date	<i>Optional.</i> Enter the expiration date for Dose 8 of the COVID-19 vaccine the resident received.
Dose 9 vaccine NDC number	<i>Optional.</i> Enter the NDC number for Dose 9 of the COVID-19 vaccine the resident received.
Dose 9 vaccine Lot number	<i>Optional.</i> Enter the Lot number for Dose 9 of the COVID-19 vaccine the resident received.
Dose 9 vaccine expiration date	<i>Optional.</i> Enter the expiration date for Dose 9 of the COVID-19 vaccine the resident received.
Dose 10 vaccine NDC number	<i>Optional.</i> Enter the NDC number for Dose 10 of the COVID-19 vaccine the resident received.
Dose 10 vaccine Lot number	<i>Optional.</i> Enter the Lot number for Dose 10 of the COVID-19 vaccine the resident received.
Dose 10 vaccine expiration date	<i>Optional.</i> Enter the expiration date for Dose 10 of the COVID-19 vaccine the resident received.
Vaccinated at another location?	<i>Optional.</i> 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)?	<i>Optional.</i> Enter the date vaccination education was provided to the resident.
Comments	<i>Optional.</i> Enter any comments pertinent to the data entered in the resident's row.