NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

OMB Approved
OMB No. 0920-1317
Exp. Date 3/31/2026
www.cdc.gov/nhsn

Staff COVID-19 Event Form

*Facility ID:	Event #:
*Staff ID:	
*Name: First: Middle:	Last:
*Gender: F M Other	*Date of Birth: ___/___/____
*Ethnicity (specify): □ Hispanic or Latino □ Not Hispanic or Latino □ Declined to respond □ Unknown	*Race (specify): □ American Indian/Alaska Native □ Asian □ Black or African American □ Native Hawaiian/Other Pacific Islander □ White □ Declined to respond □ Unknown

Event Details

*Event Type: **COVID-19** *Date of Event: __/__/____

*COVID-19 DEATH

Did the staff member die from COVID-19 related complications?

□ Yes □ No

**Date of death __/__/____

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

CDC estimates the average public reporting burden for this collection of information as 20 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666).