Hospital Smallpox Vaccination Monitoring System (HSVMS)

Vaccinated Personnel Demographic Information

1 **Current information for your Hospital/Healthcare Facility:**

Facility Name:

2 **Vaccination Number:** ☐ PVN ☐ State Equivalent (for PVN, enter 10-digit number)

Number:

3 **Gender:** ☐ Male ☐ Female

4 **Race:**

☐ American Indian or Alaska Native ☐ Asian or Pacific Islander ☐ Black or African American ☐ White

Ethnicity: ☐ Hispanic ☐ non-Hispanic

5 **Year of birth** (4-digits): ___ ___ ___ ___

6 **Had the healthcare worker received smallpox (vaccinia) vaccine before this vaccination campaign?**

☐ Yes ☐ No ☐ Unknown

Is this a re-vaccination as part of the current smallpox vaccination campaign? ☐ Yes ☐ No

7 **Please indicate the healthcare worker's job category:**

☐ Administrator
☐ Attendant/Orderly
☐ Attending Physician
☐ Clerk
☐ Counselor/social worker
☐ Dentist/oral surgeon
☐ Dental Hygienist
☐ Dental Assistant/Technician
☐ EMT/Paramedic
☐ Food service/Dietician
☐ Hospital Epidemiologist
☐ Housekeeper
☐ Infection control professional
☐ Intern/Resident/Fellow
☐ Laboratory technician
☐ Laundry staff
☐ Licensed Practical Nurse
☐ Midwife
☐ Nurse
☐ Anesthetist
☐ Nurse Practitioner
☐ Nurse's Aide
☐ Patient Care Technician
☐ Pharmacist
☐ Phlebotomist
☐ Physicians Assistant
☐ Radiology technician
☐ Registered Nurse
☐ Respiratory therapist
☐ Security
☐ Student
☐ Technician
☐ Transport/Messenger/Porter
☐ Other, please specify:
_____

8 **For <u>physicians</u>, indicate the clinical specialty:** (required only if attending physician or intern/resident/fellow selected for question #7)

☐ Anesthesiology
☐ Cardiology
☐ Cardiothoracic Surgery
☐ Critical Care
☐ Dentistry/Oral surgery
☐ Dermatology
☐ Ear, Nose, and Throat
☐ Emergency Medicine
☐ Family Practice
☐ Gastroenterology
☐ General Surgery/Trauma
☐ Hematology/oncology
☐ Infectious Diseases
☐ Internal Medicine
☐ Nephrology
☐ Neurosurgery
☐ Neurology
☐ Obstetrics and Gynecology
☐ Ophthalmology
☐ Orthopedics
☐ Pathology
☐ Pediatrics
☐ Physical Medicine and Rehabilitation
☐ Plastic Surgery
☐ Psychiatry
☐ Pulmonary
☐ Radiology
☐ Urology
☐ Vascular Surgery
☐ Other *medical* specialty, specify:
_____
☐ Other *surgical* specialty, specify:
_____
☐ Other, specify:
_____

HSVMS complies with the provisions of the Privacy Act as described below.
The Centers for Disease Control and Prevention is requesting this information under the authority of Section 311 of the Public Health Service Act (42 U.S.C. 243), the NCVIA (42 U.S.C. 300aa-2(a)), and Section 304 of the Homeland Security Act of 2002 (Pub. L. No. 107-296). The information will be used in the analysis and follow-up of significant events associated with smallpox vaccination. Furnishing the requested information is voluntary; however, with more complete information, public health objectives, such as adequate monitoring and follow-up of potential adverse events, are more readily achievable. Information may be shared with authorized U.S. Department of Health & Human Services' personnel and public health or cooperating medical authorities. State health departments may have access to the collected information for their specific state.

9 **Please indicate the healthcare worker's primary work location:**

- ☐ General medical ward
- ☐ General pediatric ward
- ☐ General surgical ward
- ☐ Medical/surgical ward
- ☐ Specialty ward

If Specialty ward, specify:

_____

- ☐ Emergency department
- ☐ ICU - Intensive care unit
- ☐ Central supply
- ☐ Float
- ☐ Hemodialysis Unit
- ☐ Housekeeping/Laundry
- ☐ Infection control
- ☐ Labor and delivery
- ☐ Lab-Blood Bank
- ☐ Lab-Clinical Chemistry
- ☐ Lab-Hematology
- ☐ Lab-Histology-Surgical pathology
- ☐ Lab-Microbiology
- ☐ Lab-Other
- ☐ Morgue/autopsy room
- ☐ Nursery
- ☐ Obstetrics/gynecology ward
- ☐ Occupational health
- ☐ OR - Operating Room
- ☐ Outpatient clinic
- ☐ Procedure room
- ☐ Radiology
- ☐ Surgical Pathology
- ☐ Other, specify:

_____

Current Smallpox Vaccination Information

10 **Date of current Vaccination:**

Month: ____ ____ | Day: ____ ____ | Year: ____ ____ ____ ____

11 **Vaccination clinic where the worker received vaccination:**

Vaccination Clinic Name:

Address (optional):

City: | State: see below | Telephone (10-digit):

- ☐ Alabama
- ☐ Alaska
- ☐ Arizona
- ☐ Arkansas
- ☐ California (NOT Los Angeles County)
- ☐ California (Los Angeles County)
- ☐ Colorado
- ☐ Connecticut
- ☐ Delaware
- ☐ District of Columbia
- ☐ Florida
- ☐ Georgia
- ☐ Hawaii
- ☐ Idaho
- ☐ Illinois (NOT Chicago)
- ☐ Illinois (Chicago)
- ☐ Indiana
- ☐ Iowa
- ☐ Kansas
- ☐ Kentucky
- ☐ Louisiana
- ☐ Maine
- ☐ Maryland
- ☐ Massachusetts
- ☐ Michigan
- ☐ Minnesota
- ☐ Mississippi
- ☐ Missouri
- ☐ Montana
- ☐ Nebraska
- ☐ Nevada
- ☐ New Hampshire
- ☐ New Jersey
- ☐ New Mexico
- ☐ New York (NOT New York City)
- ☐ New York (New York City)
- ☐ North Carolina
- ☐ North Dakota
- ☐ Ohio
- ☐ Oklahoma
- ☐ Oregon
- ☐ Pennsylvania (NOT Philadelphia)
- ☐ Pennsylvania (Philadelphia)
- ☐ Rhode Island
- ☐ South Carolina
- ☐ Tennessee
- ☐ Texas (NOT Houston or San Antonio)
- ☐ Texas (Houston)
- ☐ Texas (San Antonio)
- ☐ Utah
- ☐ Vermont
- ☐ Virginia
- ☐ Washington
- ☐ West Virginia
- ☐ Wisconsin
- ☐ Wyoming
- ☐ American Samoa
- ☐ Federated States of Micronesia
- ☐ Guam
- ☐ Marshall Islands
- ☐ Northern Mariana Islands
- ☐ Palau
- ☐ Puerto Rico
- ☐ Virgin Islands of the U.S.
- ☐ U.S. Minor Outlying Islands

12 **In what part of the body did the worker receive their vaccination?**

☐ Left deltoid ☐ Right deltoid ☐ Other, specify:_____

13 **User optional field:**

_____

_____

HSVMS complies with the provisions of the Privacy Act as described below.
The Centers for Disease Control and Prevention is requesting this information under the authority of Section 311 of the Public Health Service Act (42 U.S.C. 243), the NCVIA (42 U.S.C. 300aa-2(a)), and Section 304 of the Homeland Security Act of 2002 (Pub. L. No. 107-296). The information will be used in the analysis and follow-up of significant events associated with smallpox vaccination. Furnishing the requested information is voluntary; however, with more complete information, public health objectives, such as adequate monitoring and follow-up of potential adverse events, are more readily achievable. Information may be shared with authorized U.S. Department of Health & Human Services' personnel and public health or cooperating medical authorities. State health departments may have access to the collected information for their specific state.