United Methodist Communities
Abundant Life for Seniors

Home Office
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LETTER TO PHYSICIAN – IMMUNIZATION RECORD

Dear Dr. _____,

Please fill out the information below for: _____.

Please fill in the dates and results of Mantoux testing:

Step 1: Date _____ Result: _____

Note: In UMC Assisted Living and Independent Living settings, a one (1) step tuberculin (PPD-Mantoux) skin test shall be administered prior to admission. Testing shall be within 30-days of admission date.

Please provide the following information, if available:

Date of last Pneumonvax*: _____
*Must be given, if needed, prior to admission. If refused, proof of declination must be attached.

If refused, patient refused Pneumonvax on: _____

Date of last Flu vaccine: _____

Date of last Tetanus vaccine: _____

Date of last Prevnar vaccine: _____

Date of last Shingles vaccine: _____

Please provide the following information relative to the COVID-19 vaccine:

Has the resident been vaccinated for COVID-19? Yes_____ No_____ Refused Vaccination_____

If vaccinated, please complete the following:

Pfizer vaccine:_____ Date of first dose: _____ Date of second dose: _____

Moderna vaccine: _____ Date of first dose: _____ Date of second dose: _____

Janssen vaccine: _____ Date of first dose: _____

Physician's Signature: _____ Date: _____