



**United Methodist
Communities**

Abundant Life for Seniors

LETTER TO DOCTOR – IMMUNIZATION RECORD

Dear Dr. _____,

Please fill out the information below for _____

If the patient has had prior Mantoux testing, please fill in dates and results:

Step 1: Date _____ Result _____

Step 2: Date _____ Result _____

Residents of residential healthcare will be given yearly Mantoux.

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.

Patient refused Pneumonvax on _____

Date of last Flu vaccine _____

Date of last Tetanus vaccine _____

Physician's Signature

Date