

**United Methodist Homes of New Jersey**  
**Letter to Doctor - Immunization Record**

Dear Dr. \_\_\_\_\_,

Please fill out below information for \_\_\_\_\_.

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

Step 1 \_\_\_\_\_ date \_\_\_\_\_ result

Step 2 \_\_\_\_\_ date \_\_\_\_\_ result

Residents of Residential Healthcare Facility 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 \_\_\_\_\_

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Physician's Signature

Date