Dear Mr./Ms. [**LAST NAME**]:

CDR Health is working with the Department of Health and the State of Florida to vaccinate the residents and employees of Long Term Care Facilities throughout Florida. The Agency for Health Care Administration (AHCA) issued a [press release](https://www.fhca.org/images/uploads/pdf/ALFCDRVaccine_Update1-7-21.pdf) confirming that CDR Health would be providing vaccinations for your facility.

**WE WILL BE VISITING YOUR FACILITY ON [VACCINATION DATE] BETWEEN THE HOURS OF [TIME SLOT] TO VACCINATE YOUR RESIDENTS.** Please be aware, you do not have the ability to reschedule your vaccination date.

We request that you complete and return the ALF Patient Import Spreadsheet, attached to this email, at least 24 hours prior to your scheduled appointment date. Most facilities with an electronic health record system should be able to download a line list of the majority of this patient information rather easily. Failure to return the requested information will cause a significant delay on the day of your scheduled appointment. To help you properly complete the LTC Patient Import Spreadsheet, we have a included the LTC Patient Important Template Instructional Guide. This guide includes step by step instructions on how to properly complete the LTC Patient Import Spreadsheet.

**Please note that the following questions in LTC Patient Import Spreadsheet must be answered based on the information in the patient’s medical record or as provided by the patient or the patient’s authorized representative.**

* Do you have a history of allergic reaction (i.e. anaphylaxis) to the COVID-19 vaccine?
* Do you have a history of severe allergic reactions (i.e., anaphylaxis) to other vaccines or other injectable medication (not including the COVID-19 vaccine)?
* Do you have a moderate or acute illness?
* Are you allergic to iodine?
* Are you allergic to peanuts or nut products?
* Are you pregnant or plan to become pregnant?
* Are you breastfeeding?
* Do you have a bleeding disorder or are you on a blood thinner?
* Are you immunocompromised or on a medicine that affects the immune system?
* Do you carry an Epi-pen for emergency treatment of anaphylaxis?
* Have you received other vaccines in the previous 14 days?

On the day of our visit, we will ask all individuals being vaccinated to acknowledge their understanding of certain policies, including, (1) the Emergency Use Authorization (EUA) of the Pfizer-BioNTECH COVID-19 Vaccine Fact Sheet, (2) the CDR Health Privacy Policy, (3) the HIPAA Privacy Notice, (4) the CDR Consent to Contact, (5) the Florida Department of Health Notice of Privacy Practices, and (6) the Authorized Provider Acknowledgement. Before our visit, you must provide reasonable access to the foregoing documents to all individuals being vaccinated to allow them time to review and understand the documents. As such, we have attached a PDF for you to distribute to all individuals that will be receiving a vaccine. If you have any issues accessing this document, please reply to this email and we will happily send the forms in a different format.

It is important that you instruct all individuals that will be vaccinated that they must inform us of any changes that will affect the answers to the questions in the ALF Patient Import Spreadsheet by emailing ltcvaccines@cdrmaguire.com. If between the date of submission of the ALF Patient Import Spreadsheet, and the day of our visit, we do not receive notice by email of changes, we will assume all answers in the ALF Patient Import Spreadsheet are true and correct.

Thank you for aiding in the effort to protect Florida’s most vulnerable citizens!

Should you have any questions or concerns, please feel free to contact us and a member of our team will be happy to assist you.

Thank you,

