



Authorization for Immunization Services

2121 West Bullard Ave, Fresno, CA T:(559) 435-2800 F:(800) 262-2863

OCCU-MED

Applicant Name	Employer	Clinic Information
Brent Weldon	Vectrus	Auburn University Montgomery 7461 East Drive Montgomery, AL 36117 Phone: (334) 244-3281 Fax: (334) 244-3396
Social Security Number	Job Class	
421-78-6645	Fire Captain	
Date of Birth	Exam Type	Appointment Date/Time
9/27/1962	Occu-VAX Stateside (Kuwait)	8/5/2019 at 10:00 AM

Requested Immunizations

Administration of Immunizations should be restricted to the Immunizations listed below:

Immunization Name	Lot Number	Dose	Initials	Date Given
✓ Typhoid Vaccination - Injection	P1D631m	0.5 cc	Am	8/5/19

Administration of immunizations and/or titers not specified above is **NOT AUTHORIZED**. An additional Immunization Authorization must be obtained prior to the administration of any immunizations not specified above.

- Occu-Med will not authorize or cover the cost of Rapid Schedule Twinrix.
- All follow-up immunizations are the responsibility of the patient unless explicitly authorized by Occu-Med in writing.

This authorization shall be valid until 8/19/2019

Once the immunizations requested have been administered, please insert the lot numbers, dosage, initials of medical personnel administering vaccines, and date vaccine given on this form and fax to Occu-Med at (800) 262-2863. This documentation will be utilized during the review of invoices and must include lot number, date of service, site of administration and immunizations administered. Payment will not be submitted without such documentation.

Should the patient request any immunizations not authorized through this document, it is vital that they be informed that those treatments will be at his/her own expense and are not required for deployment or by Occu-Med; therefore, immunizations not listed above will not be paid by Occu-Med.

AM - *[Signature]* RN-BC, CTH

Submission Instructions	Bill Exam To
• Please call (559) 435-2800 x270 with any questions regarding the testing requested on this authorization • Immediately fax results to (800) 262-2863 upon completion or alternatively email results to harvesting@occu-med.com	Occu-Med Attn: Accounts Payable 2121 West Bullard Ave Fresno, CA 93711 T: (559) 435-2800 x269 F: (559) 435-2520

Created 7/30/2019 1:09:44 PM by jchin



Patient Social Security Number 421-78-6645

AUTHORIZATION FOR RELEASE OF INFORMATION FROM MEDICAL RECORD

Record Subject Walden Brent L 09/27/1962
(Patient's Name) Last Name First Name Middle Initial Birthday or Age

Address 370 Conley Circle 334-462-1062
Street, City and State Telephone Number

I, the undersigned, hereby authorize AUM Student Health Services
Health Care or Health Services Provider

to provide from my medical record the information specified below to Occu-Med, Medical Director, 2121 West Bullard Avenue, Fresno, CA 93711 and

Name of Any Duly Authorized Representative(s)

for the purpose of evaluating health status in relation to specific essential job requirements.

I further authorize Occu-Med to provide this information from my medical record to duly authorized representatives of my employer, if requested.

The information supplied is to be restricted to _____

and/or _____
Medical Condition or Injury Specified Time Period to be Covered

and/or _____
Other Type of Information Specified

Release or transfer of the specified information to any person or entity not specified herein is prohibited. An additional written consent must be obtained for a proposed new use of the information or for its transfer to another person or entity.

This authorization shall be valid until _____

Signature Bullard 421-78-6645 08/05/2019
Date Social Security Number Date

or _____
Personal Representative Date



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO:

FROM:

COMPANY:

Occumed

DATE:

Amy Morris

8/5/19

FAX NUMBER:

800-262-2863

TOTAL PAGES, INCLUDING COVER

3

PHONE NUMBER:

SENDER'S REFERENCE NUMBER

(334) 244 3281

RE:

Brent Weldon

CC:

☐ URGENT



FOR REVIEW



PLEASE COMMENT



PLEASE REPLY

NOTES/COMMENTS

The contents of this Fax message and any attachments are intended solely for the addressee(s) named in this message. This communication is intended to be and to remain confidential and may be subject to applicable attorney/client and/or work product privileges. If you are not the intended recipient of this message, or if this message has been addressed to you in error, please immediately alert the sender by fax and then destroy this message and its attachments. Do not deliver, distribute or copy this message and/or any attachments and if you are not the intended recipient, do not disclose the contents or take any action in reliance upon the information contained in this communication or any attachments.

P. O. Box 244023 Montgomery, AL 36124/ 334-244-3281 fax 334-244-3396