

ADOLESCENT & ADULT IMMUNIZATION RECORD

Clinic: Alum Student Health Services

Name: Jennifer Moore

Date of Birth: 7 / 21 / 1989 Record #: _____

Allergies: PCN Reactions: unknown

History of Chickenpox? YES or NO If yes, date if known: unsure of date

Vaccine	Date Admin			Age at the time	VIS Form Given			Manuf Abbr*	Lot Number	Dose	Admin Site**	Route	Provider Initials*** or Outside Provider Name
	Mo	Day	Yr		Type	Mo	Yr						
Td					Td					0.5cc		IM	
Td					Td					0.5cc		IM	
Td					Td					0.5cc		IM	
Td					Td					0.5cc		IM	
Tdap	6	4	2020	30	Tdap	2	15	GSK	DC924	0.5cc	RD	IM	(MA)
Hep B					Hep B							IM	
Hep B					Hep B							IM	
Hep B					Hep B							IM	
Hep B (booster if needed)					Hep B							IM	
MMR Rubella Rubeola	6	4	2020	30	MMR	8	19	Merck	S014807	0.5cc	LA	SQ	(MA)
MMR Rubella Rubeola					MMR					0.5cc		SQ	
Varicella					Var					0.5cc		SQ	
Varicella					Var					0.5cc		SQ	
IPV	6	4	2020	30	Polio	10	19	SP	PIE70	0.5cc	RD	sq IM	(MA)
IPV					Polio					0.5cc		SQ	
IPV					Polio					0.5cc		SQ	
IPV					Polio					0.5cc		SQ	
PPV23					PPV					0.5cc		IM	
PPV23					PPV					0.5cc		IM	
Hepatitis A	6	4	2020	30	Hep A	7	16	GSK	G99R4	1mL	LD	IM	(MA)
Hepatitis A					Hep A							IM	
HPV					HPV					0.5cc		IM	
HPV					HPV					0.5cc		IM	
HPV					HPV					0.5cc		IM	
Influenza	6	4	2020	30	Flu			SP	UT6713LA	0.5cc	RD	IM	(MA)
Influenza					Flu					0.5cc		IM	
Influenza					Flu					0.5cc		IM	
MCV4					Mening							IM	
MPSV4					Mening							SQ	

Typhoid 6 4 2020 30 Typhoid 10 19 SP RIB73 0.5cc LD IM (MA)

* Manufacturers: M= Merck; S = Sanofi Pasteur; W = Wyeth; G = GlaxoSmithKline

** Sites: LT = Left Thigh, RT = Right Thigh, LA = Left Arm, RA = Right Arm, LD = Left Deltoid, RD = Right Deltoid

*** VIS Language given, if not English: _____

[illegible][illegible]

Date			Disease	Results		Notes							
Mo	Day	Yr		Neg	Pos								

[illegible]



OCCU-MED

Authorization for Immunization Services

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

Applicant Name	Employer	Clinic Information
Jennifer Moore	Vectrus	Auburn University Montgomery 7461 East Drive, Moore Hall Montgomery, AL 36117, United States Phone: (334) 244-3281 Fax: (334) 244-3396
Social Security Number	Job Class	
xxx-xx-5558	ADPE Technician I	
Date of Birth	Exam Type	Appointment Date/Time
7/21/1989	Occu-VAX Stateside (Afghanistan)	6/4/2020 at 9:30 AM

Requested Immunizations

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

Immunization Name	Lot Number	Dose	Initials	Date Given
✓ Tetanus-Diphtheria and Pertussis (TDAP)	DC924	0.5cc	MA	6/4/2020
✓ Hepatitis A (TwinRix <u>not</u> authorized)	699R4	1 cc	MA	6/4/2020
✓ MMR (Measles, Mumps & Rubella)	S014807	0.5cc	MA	6/4/2020
✓ Typhoid Vaccination - Injection	R1B73	0.5cc	MA	6/4/2020
✓ Influenza - Injection	UT6713LA	0.5cc	MA	6/4/2020
✓ Injectable Polio	PIE70	0.5cc	MA	6/4/2020

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 6/18/2020

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.

Submission Instructions

- 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

Created 5/13/2020 1:10:18 PM by bmoore

Bill Exam To

 Occu-Med
 Attn: Accounts Payable
 2121 West Bullard Ave
 Fresno, CA 93711
 T: (559) 435-2800 x269
 F: (559) 435-2520

TRANSMISSION VERIFICATION REPORT

TIME : 06/04/2020 13:21
NAME : AUM
FAX : 3342443396
TEL :
SER.# : BROD8J659256

DATE, TIME	06/04 13:18
FAX NO./NAME	915594357200
DURATION	00:02:46
PAGE(S)	05
RESULT	OK
MODE	STANDARD

P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 334-244-3396



**AUBURN UNIVERSITY
AT MONTGOMERY**

STUDENT HEALTH SERVICES

Attn: OccuMed - Brenna Moore
To: OccuMed **From:** M Harvey, CRNP
Fax: (559) 435-7200 **Pages:** 5
Phone: 559 435-2800 x 192 **Date:** 6/4/2020
Re: J. Moore - 7/21/89 **cc:**
☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.



Patient Social Security Number 419 33 5558

AUTHORIZATION FOR RELEASE OF INFORMATION FROM MEDICAL RECORD

Record Subject Mene Winnifer R 07/21/1989
 (Patient's Name) Last Name First Name Middle Initial Birthday or Age

Address 1936 Talbot Terrace Montgomery 334-220-2508
 Street, City and State AL 36106 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 July 30, 2021
 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 July 30, 2021
 Date

Signature Jeanne Bellor 419 33 5558 6/4/2020
 Social Security Number Date

or _____
 Personal Representative Date

P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 334-244-3396



**AUBURN UNIVERSITY
AT MONTGOMERY**

STUDENT HEALTH SERVICES

Attn: OCCumed Billing

To:

From: Melodye Harvey, CRNP

Fax: (559) 435-2520

Pages: 5

Phone: (559) 435-2800 ext 269 **Date:** 06/04/20

Re:

cc:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

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TRANSMISSION VERIFICATION REPORT

TIME : 06/04/2020 13:12
NAME : AUM
FAX : 3342443396
TEL :
SER.# : BROD8J659256

DATE, TIME	06/04 13:09
FAX NO./NAME	915594352520
DURATION	00:02:43
PAGE(S)	05
RESULT	OK
MODE	STANDARD

**OCCU-MED**

2121 West Bullard Ave, Fresno, CA 93711

OCCUFAX

Date: May 13, 2020

To**Auburn University Montgomery****Attention:****Phone:** (334) 244-3281**Fax:** (334) 244-3396**RE:** Vaccinations Scheduling for
Jennifer Moore**From****Occu-Med****Name:** Brenna Moore**Phone:** (559) 435-2800 x192**Fax:** (559) 435-7200**E-Mail:** bmoore@occu-med.com**REMARKS:**☐ Urgent☐ For your review☐ Reply ASAP☐ Please comment

Jennifer Moore is scheduled for an immunization appointment on Thursday, June 4, 2020 at 9:30 AM. Included with this fax is an authorization of services to be provided to this applicant on our behalf. If you have any questions, please feel free to contact me.

If you have any issues please contact Occu-Med at (559) 435-2800.

Thank you,

Brenna Moore

Confidentiality Notice

The documents accompanying this FAX transmission contain confidential information. This information is intended only for the use of the individual(s) named above. If you are not the intended recipient or the employee or agent responsible to deliver this FAX to the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action in reliance on the contents of this information is not permissible. If you have received this FAX in error, immediately notify us at the number listed above to arrange for return of the documents. Thank you.

Auburn University Montgomery

Student Health Services

P. O. Box 244023

7461 East Drive

Montgomery, AL 36124

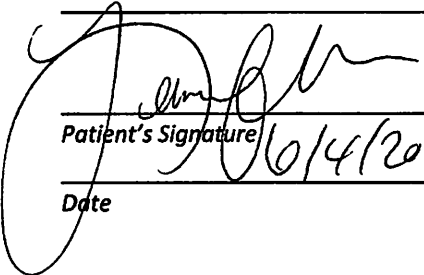
Office (334) 244-3281, Fax (334) 244-3396

Release of Records

This is to verify that a copy of the following records and/or lab results were given to

Jennifer Moore on 6/4/2020
Print Patient's Name Date

Description of record(s) copied: Immunization Record



Patient's Signature 6/4/2020

Date



OCCU-MED

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✓ Injectable Polio				

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