



OCCU-MED

Authorization for Immunization Services

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

Applicant Name Andrea Maxie	Employer Vectrus	Clinic Information Auburn University Montgomery 7461 East Drive Montgomery, AL 36117 Phone: (334) 244-3281 Fax: (334) 244-3396
Social Security Number xxx-xx-1685	Job Class ADPE Technician I	
Date of Birth 1/10/1992	Exam Type Occu-VAX Stateside (Afghanistan)	Appointment Date/Time 2/24/2020 at 1:30 PM

Requested Immunizations

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

Immunization Name	Lot Number	Dose	Initials	Date Given
✓ MMR (Measles, Mumps & Rubella)	5014807	0.5cc	AM	2/24/2020
✓ Typhoid Vaccination - Injection	R1B731M	0.5cc	AM	2/24/2020
✓ Injectable Polio	P1E701M	0.5cc	AM	2/24/2020

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 3/9/2020

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.

AM = *[Signature]*

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 2/19/2020 7:21:05 AM by ags/cia	Bill Exam To Occu-Med Attn: Accounts Payable 2121 West Bullard Ave Fresno, CA 93711 T: (559) 435-2800 x269 F: (559) 435-2520
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Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME Andrea Marx
DATE OF BIRTH 01 / 10 / 92
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	☐	☒	☐
2. Do you have allergies to medications, food, a vaccine component, or latex?	☐	☒	☐
3. Have you ever had a serious reaction after receiving a vaccination?	☐	☒	☐
4. Do you have a long-term health problem with heart disease, lung disease, asthma, kidney disease, metabolic disease (e.g., diabetes), anemia, or other blood disorder?	☐	☒	☐
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☒	☐
6. In the past 3 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	☐	☒	☐
7. Have you had a seizure or a brain or other nervous system problem?	☐	☒	☐
8. During the past year, have you received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☒	☐
9. For women: Are you pregnant or is there a chance you could become pregnant during the next month?	☐	☒	☐
10. Have you received any vaccinations in the past 4 weeks?	☐	☒	☐

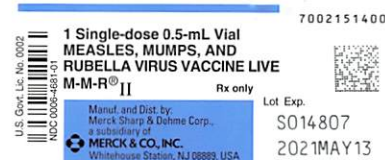
FORM COMPLETED BY Andrea Marx DATE 4/21/20

FORM REVIEWED BY _____ DATE _____

Did you bring your immunization record card with you?

yes ☐ no ☒

It is important for you to have a personal record of your vaccinations. If you don't have a personal record, ask your healthcare provider to give you one. Keep this record in a safe place and bring it with you every time you seek medical care. Make sure your healthcare provider records all your vaccinations on it.



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



AUBURN UNIVERSITY
AT MONTGOMERY

STUDENT HEALTH SERVICES

To: Occumed From: Amy Morris
Fax: 1-800-262-2863 Pages: 3
Phone: _____ Date 2/24/2020
Re: Andrea Maxie cc: _____
☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments:

FAXED
2/24/20
@ 1:50 pm

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 419-39-1685

AUTHORIZATION FOR RELEASE OF INFORMATION FROM MEDICAL RECORD

Record Subject NAME Andrew P 28
 (Patient's Name) Last Name First Name Middle Initial Birthday or Age

Address 3920 N. WATER MILL RD MONTGOMERY AL 334-349-5795
 Street, City and State Telephone Number

I, the undersigned, hereby authorize Auburn University Montgomery
 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 Andrew P 419-39-1685 02/24/20
 Date Social Security Number Date

or _____
 Personal Representative Date

TRANSMISSION VERIFICATION REPORT

TIME : 02/24/2020 14:49
NAME : AUM
FAX : 3342443396
TEL :
SER.# : BROD8J659256

DATE, TIME	02/24 14:47
FAX NO./NAME	88180026228639741319
DURATION	00:01:33
PAGE(S)	03
RESULT	OK
MODE	STANDARD

**OCCU-MED**

2121 West Bullard Ave, Fresno, CA 93711

OCCUFAX

Date: February 19, 2020

To**Auburn University Montgomery****Attention:****Phone:** (334) 244-3281**Fax:** (334) 244-3396**RE:** Vaccinations Scheduling for
Andrea Maxie**From****Occu-Med****Name:** Alexis Garcia**Phone:** (559) 435-2800 x177**Fax:** (559) 435-7200**E-Mail:** agarcia@occu-med.com**REMARKS:**☐ Urgent☐ For your review☐ Reply ASAP☐ Please comment

Andrea Maxie is scheduled for an immunization appointment on Monday, February 24, 2020 at 1:30 PM. 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,

Alexis Garcia

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