

TRANSMISSION VERIFICATION REPORT

TIME : 07/01/2020 10:36
NAME : ALM
FAX : 3342443396
TEL :
SER.# : BROD8J659256

DATE, TIME	07/01 10:35
FAX NO./NAME	8815594357200
DURATION	00:01:33
PAGE(S)	03
RESULT	OK
MODE	STANDARD

ADOLESCENT & ADULT IMMUNIZATION RECORD

Clinic: AUM-WHS

Name: Kori Cannon

Date of Birth: 3/11/89 Record #: _____

Allergies: NKMA Reactions: _____

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

Vaccine	Date Admin			Age at the time	VIS Form Given			Manuf Abbr*	Lot	Dose	Admin Site**	Route	Provider Initials*** or Outside Provider Name
	Mo	Day	Yr		Type	Mo	Yr						
Td					Td				DC924 10/26/20	0.5cc		IM	
Td					Td				NDC 58161-842-43 Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed BOOSTRIX	0.5cc		IM	
Td					Td					0.5cc		IM	LOT: 3Y7NL EXP: 05/24/22
Td					Td					0.5cc		IM	
Tdap	7	1	20		Tdap				Mtd. by GlaxoSmithKline Biologicals	0.5cc	LD	IM	NDC 58160-815-43 Hepatitis A & Hepatitis B (Recombinant) Vaccine
Hep B +HepA	7	1	20		Hep B				496018		LD	IM	TWINRIX 1 mL
Hep B					Hep				7002151400			IM	
Hep B					Hep							IM	
Hep B (booster if needed)					Hep							IM	
MMR Rubella Rubeola	7	1	20		MM				1 Single-dose 0.5-mL Vial MEASLES, MUMPS, AND RUBELLA VIRUS VACCINE LIVE M-M-R® II U.S. Govt. Lic. No. 0002 NDC 0006-4827-01 Manuf. and Dist. by: Merck Sharp & Dohme Corp., a subsidiary of MERCK & CO., INC. Whitehouse Station, NJ 08889, USA	S014807 2021MAY13	LA	SQ	AM
MMR Rubella Rubeola					MM							SQ	
Varicella	7	1	20		Var				1 Single-dose 0.5-mL Vial VARICELLA VIRUS VACCINE LIVE VARIVAX® U.S. Govt. Lic. No. 0002 NDC 0006-4827-01 STORE FROZEN: -58°F TO +5°F Manuf. and Dist. by: Merck Sharp & Dohme Corp., a subsidiary of MERCK & CO., INC. Whitehouse Station, NJ 08889, USA	S015462 2021MAY20	RA	SQ	AM
Varicella					Var							SQ	
IPV					Polio							SQ	
IPV	7	1	20		Polio				SP PIE701	0.5cc	LA	SQ	AM
IPV					Polio					0.5cc		SQ	
IPV					Polio					0.5cc		SQ	
PPV23					PPV					0.5cc		IM	
PPV23					PPV					0.5cc		IM	
Hepatitis A					Hep A							IM	
Hepatitis A					Hep A							IM	
HPV					HPV					0.5cc		IM	
HPV					HPV					0.5cc		IM	
HPV					HPV					0.5cc		IM	
Influenza					Flu					0.5cc		IM	
Influenza					Flu					0.5cc		IM	
Influenza					Flu					0.5cc		IM	
MCV4					Mening							IM	
MPSV4					Mening							SQ	

* 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: _____

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



AUBURN UNIVERSITY
AT MONTGOMERY

STUDENT HEALTH SERVICES

Attn: Occumed

To: Cari Pillo

From: Amy Morris RW

Fax: 559 435 7200

Pages: 3

Phone:

Date 7/1/2020

Re: Kori Cannon

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.

**OCCU-MED**

2121 West Bullard Ave, Fresno, CA 93711

OCCUFAX

Date: June 29, 2020

To**Auburn University Montgomery****Attention:****Phone:** (334) 244-3281**Fax:** (334) 244-3396**RE:** Vaccinations Scheduling for Kori Cannon**From****Occu-Med****Name:** Cari Pillo**Phone:** (559) 435-2800 x137**Fax:** (559) 435-7200**E-Mail:** cpillo@occu-med.com**REMARKS:**☐ Urgent☐ For your review☐ Reply ASAP☐ Please comment

Kori Cannon is scheduled for an immunization appointment on Wednesday, July 1, 2020 at 9:00 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,

Cari Pillo

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.



OCCU-MED

Authorization for Immunization Services

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

Applicant Name

Kori Cannon

Employer

Vectrus

Clinic Information

 Auburn University Montgomery
 7461 East Drive, Moore Hall
 Montgomery, AL 36117, United States
 Phone: (334) 244-3281
 Fax: (334) 244-3396

Social Security Number

xxx-xx-7298

Job Class

Service Desk Administrator I

Date of Birth

3/11/1989

Exam Type

Occu-VAX Stateside (Afghanistan)

Appointment Date/Time

7/1/2020 at 9:00 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	AM	7/1/2020
✓ Hepatitis A & B Combination (Twinrix)	347NL	1.0CC	AM	7/1/2020
✓ MMR (Measles, Mumps & Rubella)	5014807	0.5CC	AM	7/1/2020
✓ Typhoid Vaccination - Injection	R1B731M	0.5CC	AM	7/1/2020
✓ Varicella Vaccination	5015462	0.5CC	AM	7/1/2020
✓ Injectable Polio	P1E701M	0.5CC	AM	7/1/2020

 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 7/15/2020

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

Bill Exam To

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

Created 6/29/2020 11:19:22 AM by cpillo