

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



AUBURN UNIVERSITY
AT MONTGOMERY

WARHAWK HEALTH SERVICES

Attn: Angela Coleman

To: Occumed

From: Amy Morris

Fax: 800 262 2863

Pages: 2

Phone:

Date: 10/8/20

Re: John Marshall

cc:

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

Comments:

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OCCU-MED

Authorization for Immunization Services

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

Applicant Name

John Marshall

Employer

Textron Aviation Defense LLC

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-

Job Class

A&P Mechanic

Exam Type

Occu-VAX Stateside (Iraq)

Appointment Date/Time

10/8/2020 at 1:00 PM

Requested Immunizations

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

Immunization Name

✓ Hepatitis B (TwinRix not authorized)

Lot Number

4EA77

Dose

1.0cc

Initials Date Given

AM 10/8/20

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 10/22/2020

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 10/5/2020 12:47 PM by angela.coleman

Bill Exam To

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

ADOLESCENT & ADULT IMMUNIZATION RECORD

Clinic: _____
 Name: John Marshall
 Date of Birth: 4/22/68 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			LOT: 4F99G EXP: 03/19/22		0.5cc		IM	
Td					Td			LOT: 4F99G-43		0.5cc		IM	
Td					Td			Tetanus Toxoid, Reduced Diphtheria and Acellular Pertussis Vaccine, Adsorbed (BOOSTRIX)		0.5cc		IM	
Tdap	9	30	20		Tdap	2	16	LOT: 4F99G-43 EXP: 03/19/22	0.5 mL	0.5cc	LD	IM	AM
Hep B	10	8	20		Hep B	7	16	LOT: 4F99G-43 EXP: 03/19/22	1.0 mL	1.0	LD	IM	AM
Hep B					Hep B			LOT: 4F99G-43 EXP: 03/19/22				IM	
Hep B					Hep B			LOT: 4F99G-43 EXP: 03/19/22				IM	
Hep B (booster if needed)					Hep B			LOT: 4F99G-43 EXP: 03/19/22				IM	
MMR Rubella Rubeola					MMR			Hepatitis B Vaccine (Recombinant) ENGERIX-B		0.5cc		SQ	
MMR Rubella Rubeola					MMR			LOT: 4F99G-43 EXP: 03/19/22	20 mcg/mL	0.5cc		SQ	
Varicella					Var			LOT: 4F99G-43 EXP: 03/19/22		0.5cc		SQ	
Varicella					Var			LOT: 4F99G-43 EXP: 03/19/22	495702	0.5cc		SQ	
IPV					Polio			LOT: 4F99G-43 EXP: 03/19/22		0.5cc		SQ	
IPV					Polio			LOT: 4F99G-43 EXP: 03/19/22		0.5cc		SQ	
IPV					Polio			LOT: 4F99G-43 EXP: 03/19/22		0.5cc		SQ	
IPV					Polio			LOT: 4F99G-43 EXP: 03/19/22		0.5cc		SQ	
PPV23					PPV			LOT: 4F99G-43 EXP: 03/19/22		0.5cc		IM	
PPV23					PPV			LOT: 4F99G-43 EXP: 03/19/22		0.5cc		IM	
Hepatitis A					Hep A			LOT: 4F99G-43 EXP: 03/19/22				IM	
Hepatitis A					Hep A			LOT: 4F99G-43 EXP: 03/19/22				IM	
HPV					HPV			LOT: 4F99G-43 EXP: 03/19/22		0.5cc		IM	
HPV					HPV			LOT: 4F99G-43 EXP: 03/19/22	0.5 mL	0.5cc		IM	
HPV					HPV			LOT: 4F99G-43 EXP: 03/19/22		0.5cc		IM	
Influenza	9	30	20	8/18	Flu			LOT: 4F99G-43 EXP: 03/19/22	501732	0.5cc	LD	IM	AM
Influenza					Flu			LOT: 4F99G-43 EXP: 03/19/22		0.5cc		IM	
Influenza					Flu			LOT: 4F99G-43 EXP: 03/19/22		0.5cc		IM	
MCV4					Mening			LOT: 4F99G-43 EXP: 03/19/22				IM	
MPSV4					Mening			LOT: 4F99G-43 EXP: 03/19/22				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: _____

Screening Checklist for Contraindications to Vaccines for Adults

PATIENT NAME JOHN T MARSHALL
DATE OF BIRTH 01 / 22 / 68
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 [Signature] DATE 10/8/20
FORM REVIEWED BY [Signature] DATE 10/8/20

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.



Patient Social Security Number

417192976

AUTHORIZATION FOR RELEASE OF INFORMATION FROM MEDICAL RECORD

Record Subject

MARSHALL JOHN T

4/22/68

(Patient's Name)

Last Name

First Name

Middle Initial

Birthday or Age

Address

739 County Rd 165, Prattville, AL

334 221 2259

Street, City and State

Telephone Number

I, the undersigned, hereby authorize

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

Date

Signature

[Handwritten Signature]

417192976

Social Security Number

10/8/20

Date

or

Personal Representative

Date



OCCU-MED

2121 West Bullard Ave, Fresno, CA 93711

OCCUFAX

Date: October 5, 2020

To

Auburn University Montgomery

Attention:

Phone: (334) 244-3281

Fax: (334) 244-3396

RE: Vaccinations Scheduling for John Marshall

From

Occu-Med

Name: Angela Coleman

Phone: (559) 435-2800 x195

Fax: (559) 435-7200

E-Mail: angela.coleman@occu-med.com

REMARKS:

☐ Urgent

☐ For your review

☐ Reply ASAP

☐ Please comment

John Marshall is scheduled for an immunization appointment on Thursday, October 8, 2020 at 1:00 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,

Angela Coleman

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