



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: Daniel FROM: Amy Morris
COMPANY: Occumed DATE: 7/6/17
FAX NUMBER: _____ TOTAL PAGES, INCLUDING COVER: 2
PHONE NUMBER: _____ SENDER'S REFERENCE NUMBER: (334) 244-3281
RE: Gladwin McClintock CC: _____

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

NOTES/COMMENTS

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



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: Bethany FROM: Amy
COMPANY: Occumed DATE: 7/6/17
FAX NUMBER: 800-262-2863 TOTAL PAGES, INCLUDING COVER: 2
PHONE NUMBER: SENDER'S REFERENCE NUMBER: 334244-3281
RE: Gladwin McClintock CC:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

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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
Gladwin McClintock	Vectrus	Auburn University Montgomery 7461 East Drive Montgomery, AL 36117 Phone: (334) 244-3281 Fax: (334) 244-3396
Social Security Number	Job Class	
132-80-8372	Service Desk Administrator I	
Date of Birth	Exam Type	Appointment Date/Time
5/20/1978	Occu-VAX Stateside (Afghanistan)	7/6/2017 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)	C5216AB	0.5	AM	7/6/17
✓ MMR (Measles, Mumps & Rubella)	M035935	0.5	AM	7/6/17
✓ Typhoid Vaccination - Injection	M1572-1	0.5	AM	7/6/17
✓ Injectable Polio	N1641-1	0.5	AM	7/6/17

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 7/20/2017

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.

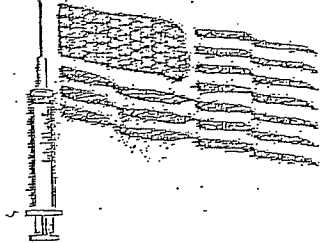
Should the patient request any immunizations not authorized through this document, it is vital that they be informed that those treatments will be at his/her own expense and are not required for deployment or by Occu-Med; therefore, immunizations not listed above will not be paid by Occu-Med.

Submission Instructions	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

ADOLESCENT & ADULT IMMUNIZATION RECORD

CLINIC:

Protect Our Future!



Immunize!

Name: Gladwin McClintock

Date of birth: 5/20/1978 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 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	7	6	17		Tdap	2	15	SP	Adacel® NDC 49281-400 50 (L) C5216AB (E) 06 JUN 2019	0.5cc	LD	IM	AM
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	7	6	17		MMR	2	13			0.5cc	LA	SQ	AM
MMR Rubella Rubeola					MMR					0.5cc		SQ	
Varicella					Var					0.5cc		SQ	
Varicella					Var					0.5cc		SQ	
IPV	7	6	17		Polio	7	16	SP	N1641-1	0.5cc	RD	IM	AM
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					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:

(Over)

1 Single-dose 0.5-mL Vial
MEASLES, MUMPS, AND
RUBELLA VIRUS VACCINE LIVE
M-M-R® II
Rx only
U.S. Gov. Lic. No. 0002
NDC 0005-460-01
Manufactured and Distributed by:
Merck Sharp & Dohme Corp.,
a subsidiary of:
MERCK & CO., INC.
Whitehouse Station, NJ 08889, USA

70021

Lot Exp.
M03593
09AUG2

**OCCU-MED**

2121 West Bullard Ave, Fresno, CA 93711

OCCUFAX

Date: July 5, 2017

To**Auburn University Montgomery****Attention:****Phone:** (334) 244-3281**Fax:** (334) 244-3396**RE:** Vax Scheduling for Gladwin
McClintock**From****Occu-Med****Name:** Bethany Howard**Phone:** (559) 435-2800 x185**Fax:** (800) 262-2863**E-Mail:** bhoward@occu-med.com**REMARKS:**☐ Urgent☐ For your review☐ Reply ASAP☐ Please comment

Gladwin McClintock is scheduled for an immunization appointment on Thursday, July 6, 2017 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.

Thank you,

If you have any issues please contact Occu-Med at (559) 435-2800 ext. 340.

Bethany Howard

Confidentiality Notice

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