



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
Franklin Grizzell	Vectrus	Auburn University Montgomery 7461 East Drive Montgomery, AL 36117 Phone: (334) 244-3281 Fax: (334) 244-3396
Social Security Number	Job Class	
xxx-xx-8539	Fire Inspector	
Date of Birth	Exam Type	Appointment Date/Time
2/20/1960	Occu-VAX Stateside (Kuwait)	7/25/2017 at 4:00 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)				
✓ Typhoid Vaccination - Injection				

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 8/8/2017

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

- * 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



Patient Social Security Number _____

AUTHORIZATION FOR RELEASE OF INFORMATION FROM MEDICAL RECORDRecord Subject _____
(Patient's Name) Last Name First Name Middle Initial Birthday or AgeAddress _____
Street, City and State Telephone NumberI, the undersigned, hereby authorize _____
Health Care or Health Services Providerto 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 _____

Medical Condition or Injury Specified and/or Time Period to be Coveredand/or _____
Other Type of Information SpecifiedRelease 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 _____
DateSignature _____
Social Security Number Dateor _____
Personal Representative Date

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