



Patient Social Security Number 424-39-9854

AUTHORIZATION FOR RELEASE OF INFORMATION FROM MEDICAL RECORD

Record Subject Jackson Kura S 11/26/1992
(Patient's Name) Last Name First Name Middle Initial Birthday or Age
Address 3562 Berkley Dr Montg Al (334) 832-6496
Street, City and State Telephone Number

I, the undersigned, hereby authorize AUM- Student Health Services
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 _____

Medical Condition or Injury Specified and/or _____
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 Kura Jackson 424-39-9854 10/28/2019
Date Social Security Number Date

or _____
Personal Representative Date



Authorization for Immunization Services

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

OCCU-MED

Applicant Name

Kiara Jackson

Employer

Vectrus

Clinic Information

Auburn University Montgomery
7401 East Drive
Montgomery, AL 36117
Phone: (334) 244-3231
Fax: (334) 244-3396

Social Security Number

xxx-xx-9854

Job Class

ADPE Technician I

Date of Birth

11/26/1992

Exam Type

Occu-VAX Stateside (Afghanistan)

Appointment Date/Time

10/28/2019 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)	C5602AA	0.5cc	BM	10/28/19
✓ Hepatitis A (TwinRix <u>not</u> authorized)	Y29KL	1.0cc	BM	10/28/19
✓ Hepatitis B (TwinRix <u>not</u> authorized)	5397F	1.0cc	BM	10/28/19
✓ MMR (Measles, Mumps & Rubella)	S010704	0.5cc	AM	10/28/19
✓ Typhoid Vaccination - Injection	PID631M	0.5cc	AM	10/28/19
✓ Influenza - Injection	3L32N	0.5cc	AM	10/28/19
✓ Injectable Polio	N1K921M	0.5cc	AM	10/28/19

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 11/11/2019

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 10/24/2019 1:28:54 PM by agarcia

Bill Exam To

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

TRANSMISSION VERIFICATION REPORT

TIME : 10/28/2019 10:16
NAME : AUM
FAX : 3342443396
TEL :
SER.# : BROD8J659256

DATE, TIME	10/28 10:15
FAX NO./NAME	918002622863
DURATION	00:01:06
PAGE(S)	02
RESULT	OK
MODE	STANDARD



AUBURN

MONTGOMERY

Auburn University Student Health Services

TO: Alexis
COMPANY: Occumed
FAX NUMBER: 800-262-2863
PHONE NUMBER: _____
RE: Kiara Jackson

FROM: Amy Morris
DATE: 10/28/19
TOTAL PAGES, INCLUDING COVER: 3
SENDER'S REFERENCE NUMBER: 334 244 3281
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