



Patient Social Security Number 365-04-0701

AUTHORIZATION FOR RELEASE OF INFORMATION FROM MEDICAL RECORD

Record Subject Broshear Amber C. 39
(Patient's Name) Last Name First Name Middle Initial Birthday or Age
Address 2004 Home Park Trail Apt 110 813-352-6066
Street, City and State Prattville, AL 36066 Telephone Number

I, the undersigned, hereby authorize AUM-STUDENT HEALTH CENTER
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 _____

Signature [Signature] Date 4/11/2017
365-04-0701
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

Amber Brasher

Employer

Momentum Aviation Group (MAG)

Clinic Information

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

Social Security Number

Job Class

Supply Tech

Date of Birth

9/18/1977

Exam Type

Occu-VAX Stateside (Afghanistan)

Appointment Date/Time

4/11/2017 at 1:00 PM

Requested Immunizations

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

Immunization Name	Lot Number	Dose	Initials	Date Given
✓ Typhoid Vaccination - Injection	L1255-1	0.5	AM	4/11/17
✓ Influenza - Injection	B5592	0.5	AM	4/11/17
✓ Injectable Polio	N1G411m	0.5	AM	4/11/17

 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 4/25/2017

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 RECORD

Record Subject _____
(Patient's Name) Last Name First Name Middle Initial Birthday or Age

Address _____
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

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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 _____

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Medical Condition or Injury Specified Time Period to be Covered

and/or _____
Other Type of Information Specified

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This authorization shall be valid until _____
Date

Signature _____
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	Employer	Clinic Information
Amber Brasher	Momentum Aviation Group (MAG)	Auburn University Montgomery 7461 East Drive Montgomery, AL 36117 Phone: (334) 244-3281 Fax: (334) 244-3396
Social Security Number	Job Class	
365-04-0701	ASLE Technician	
Date of Birth	Exam Type	Appointment Date/Time
9/18/1977	Occu-VAX Stateside (Afghanistan)	12/11/2015 at 10:00 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)	U 5263AA	0.5 cc	Am	12/11/2015
✓ Typhoid Vaccination - Injection	Am K 1536-1	0.5 cc	Am	12/11/2015
✓ Influenza - Injection	2015-2016 B 2N27	0.5 cc	Am	12/11/2015

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 12/25/2015

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. Doxycycline prescriptions are not to be filled, only written. Occu-Med cannot reimburse for dispensed Doxycycline without a specific written authorization.

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.

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• 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