



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
Maurice Brown	Vectrus	Auburn University Montgomery 7461 East Drive Montgomery, AL 36117 Phone: (334) 244-3281 Fax: (334) 244-3396
Social Security Number	Job Class	
416-08-9193	Outside Plant Technician I	
Date of Birth	Exam Type	
12/17/1979	Occu-VAX Stateside (Afghanistan)	Appointment Date/Time
		8/15/2016 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)	EC9A9	0.5cc	AM	8/15/16
✓ Hepatitis A & B Combination (Twinrix) (See below)	7C423	1.0cc	AM	8/15/16
✓ MMR (Measles, Mumps & Rubella)	L043703	0.5cc	AM	8/15/16
✓ Typhoid Vaccination - Injection	L1072-71	0.5cc	AM	8/15/16
✓ Injectable Polio	M1205-1	0.5cc	AM	8/15/16

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 8/29/2016

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.

[Signature]

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
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Patient Social Security Number 416-08-9193

AUTHORIZATION FOR RELEASE OF INFORMATION FROM MEDICAL RECORD

Record Subject Brown Maurice A 12-17-79
(Patient's Name) Last Name First Name Middle Initial Birthday or Age
Address 6614 Cornwall Ct Montgomery AL 334-590-1380
Street, City and State Telephone Number
AUM-STUDENT HEALTH CENTER

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 _____

Signature Maurice Brown 416-08-9193 8/15/2016
Date Social Security Number Date

or _____
Personal Representative Date