

TRANSMISSION VERIFICATION REPORT

TIME : 02/28/2022 15:35
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DATE, TIME
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DURATION
PAGE(S)
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02/28 15:33
918002622863
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04
OK
STANDARD

P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 334-244-3396



**AUBURN UNIVERSITY
AT MONTGOMERY**

WARHAWK HEALTH SERVICES

Attn:

To: *ocumed*

From: *WHS*

Fax: *800-242-2843*

Pages: *4*

Phone: *(*

Date *2/28/2022*

Re: *vaccination*

cc:

☒ Urgent

☒ For Review

☐ Please Comment

☐ Please Reply

☐ Please Recycle

Comments:

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OCCU-MED

Appointment Notification - Courteney Mitchell

Examinee Details

Name: Courteney Mitchell
DOB: 8/4/1989
Employer: Trace Systems
Job Class: Cybersecurity Support
Specialist
Exam Type: Occu-VAX Stateside
(Qatar)

Appointment Details

2/28/2022 at 2:00 PM

*Please call with any questions or
concerns with this appointment*

Clinic Information

Auburn University Montgomery
7461 East Drive
Moore Hall
Montgomery, AL 36117
United States
(334) 244-3281
(334) 244-3396

Submission Instructions

Please fax or email results immediately
to:

Email: harvesting@occu-med.com
Fax: (800) 262-2863

Billing Instructions

ATTN: Accounts Payable
Occu-Med
2121 W. Bullard Ave
Fresno, CA 93711 USA
Phone: (559) 435-2800 x269
Fax: (559) 435-2520
Email: finance@occu-med.com

Additional Notes

Courteney Mitchell: Needs a MMR Vaccination.

Monday, February 28, 2022 at 2:00 PM

If blood work is required, please use the previously supplied LabCorp lab collection supplies (If you do not have LabCorp supplies in stock, please contact Occu-Med prior to the appointment).*

Please fax over once completed.

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

Thank you,
Jadie Nguyen

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**OCCU-MED**Social Security Number xxx-xx-3388**AUTHORIZATION FOR RELEASE OF INFORMATION FROM MEDICAL RECORD**

Record Subject Mitchell, Courteney 8/4/1989
Last Name First Name Middle Initial Birthday or Age
Address Montgomery, AL 36116 United States (334) 233-7816
Street, City and State Telephone Number

I, the undersigned, hereby authorize ALM
Health Care or Health Services Provider

To provide from my medical record the information specified below to Occu-Med, Medical Director,
2121 West Bullard Ave, 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 any person or entity.

This authorization shall be valid until _____

Signature [Signature] Date _____
xxx-xx-3388
Social Security Number Date 2/28/22

or _____
Personal Representative Date _____

**OCCU-MED****Authorization for Immunization Services**

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

Applicant Name Courtney Mitchell	Employer Trace Systems	Clinic Information Auburn University Montgomery 7461 East Drive, Moore Hall Montgomery, AL 36117, United States Phone: (334) 244-3281 Fax: (334) 244-3396
Social Security Number XX-XX-3388	Job Class Cybersecurity Support Specialist	
Exam Type Occu-VAX Stateside (Qatar)		
		Appointment Date/Time 2/28/2022 at 2:00 PM

Authorized Immunizations

Administration of Immunizations is to be limited to the items listed below:

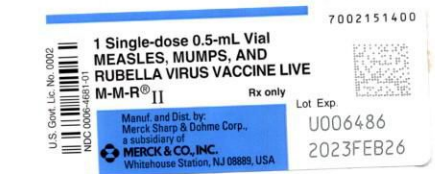
Immunization Name	Lot Number	Dosage	Initials	Date Given
✓ MMR (Measles, Mumps & Rubella)	U006486	0.5mL	MB	2/28/2022

Administration of unauthorized immunizations and/or titers are **NOT AUTHORIZED.**

- 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 is valid until 3/14/2022. Once the immunizations requested have been administered, record 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. Payment will not be submitted without such documentation.

Should the patient request any immunizations not specifically 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.

Bill Exam To

Occu-Med
Attn: Accounts Payable
2121 West Bullard Ave