

* * * Communication Result Report (Jan. 12. 2023 12:16PM) * * *

1) AUM Warhawk Health Svcs.
2)

Date/Time: Jan. 12. 2023 12:14PM

File No. Mode	Destination	Pg(s)	Result	Page Not Sent
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Reason for error

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E. 5) Exceeded max. E-mail size

E. 2) Busy
E. 4) No facsimile connection
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P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 334-244-3398

AUM | ALBURN UNIVERSITY
AT MONTGOMERY
WARHAWK HEALTH SERVICES

Attn:

To: - <i>Occu-Med</i>	From: WHS
Fax: <i>800-242-2863</i>	Pages: 3
Phone:	Date: <i>1/12/23</i>
Re: <i>Immunization Authorization</i>	
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle	

Comments:

IMPORTANT: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies.

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

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

Applicant Name

Kiera Urgent

Employer

Vectrus

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

xxx-xx-7289

Job Class

ADPE/Service Desk Admin I

Exam Type

Occu-VAX Stateside (Qatar)

Appointment Date/Time

1/12/2023 (Walk-In) 8:30am-11:00am AND
1:00pm-3:30pm

Authorized Immunizations

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

Immunization Name	Lot Number	Dosage	Initials	Date Given
✓ Influenza - Injection	m3E 5B	0.5ml	URS	1/12/2023

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 1/26/2023. 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
- 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



OCCU-MED

Social Security Number xxx-xx-7289

AUTHORIZATION FOR RELEASE OF INFORMATION FROM MEDICAL RECORD

Record Subject Urgent, Kiera 4/19/1992
Last Name First Name Middle Initial Birthday or Age
Address 5336 Millwood Road Montgomery, AL 36109 (334) 669-8781
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 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 _____
Date

Signature Kim Urgent xxx-xx-7289
Social Security Number Date

or _____
Personal Representative Date