

* * * Communication Result Report (Apr. 26. 2024 5:07PM) * * *

1) AUM Warhawk Health Svcs.
2)

Date/Time: Apr. 26. 2024 5:06PM

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Phone: 334-244-3281
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AUM
AUMON UNIVERSITY
AT MONTGOMERY

WARHAWK HEALTH SERVICES

Attn:

To: Occu-Med From: Dorcia

Fax: 800-262-2863 Pages: 3

Phone: Date: 4-26-24

Re: Immunization Record

☐ 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 Act (HIPPA) 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.

**Authorization for Immunization Services**

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

CCU-MED**Applicant Name**

Andreana Tarrance

Employer

Vectrus, a subsidiary of V2X

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

x-xx-1522

Job Class

Vulnerability Analyst I

Date of Birth

29/1992

Exam Type

Occu-VAX Stateside (Kuwait)

Appointment Date/Time

4/26/2024 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)	Y000223	0.5ml	UB	4/26/24
Typhoid - Injection	V-2A511M	0.5ml	UB	4/26/24
Influenza - Injection	G2ML4	0.5ml	UB	4/26/24

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 5/10/2024. 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.

If 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-1522**AUTHORIZATION FOR RELEASE OF INFORMATION FROM MEDICAL RECORD**Record Subject Tarrance, Andreana6/29/1992

Last Name First Name Middle Initial

Birthday or Age

Address 49 Hidden Ridge Wetumpka, AL 36093 United States(334) 220-6563

Street, City and State

Telephone Number

I, the undersigned, hereby authorize Warhawk Health Services
Health Care or Health Services ProviderTo 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 Andreana Tarrance

xxx-xx-1522

Social Security Number

04-26-2024

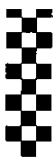
Date

or _____

Personal Representative

Date

2121 West Bullard Ave, Fresno, CA 93711 | 559.435.2800 | Fax: 800.262.2863 | www.occu-med.com

**OCCU-MED**

Appointment Notification - Andreana Tarrance

Examinee Details	Appointment Details	Clinic Information
Name: Andreana Tarrance DOB: 6/29/1992 Employer: Vectrus, a subsidiary of V2X Job Class: Vulnerability Analyst I Exam Type: Occu-VAX Stateside (Kuwait)	4/26/2024 at 2:00 PM *Please call with any questions or concerns with this appointment*	Auburn University Montgomery 7461 East Drive Moore Hall Montgomery, AL 36117 United States (334) 244-3281 (334) 244-3396

Submission Instructions	Billing Instructions
Please fax or email results immediately to: Email: harvesting@occu-med.com Fax: (800) 262-2863	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

Confidentiality Notice

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