JIFSAN
Immunization Authorization and Internal Services Request

Date: ________________

To: UM Health Center

From: JIFSAN Internship Program
Mary Grimley
X58434

---------------------------------------------
Authorizing signature

Debit FRS# ________________

The student's FDA mentor has recommended that the student receive the following immunizations:

1 ___________________________________________________________________

2 ___________________________________________________________________

Student name _________________________________________________________

Student ID number __________________________

JIFSAN Internship mentor name _________________________________________

Amount Billed: $________________________

Journal Voucher #: ________________

UM Health Center Contact: _____________________________________________

Phone: ____________________________