

***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: \_\_\_\_\_