

**McLaren Print System Order**

**Order No: 45261 Reprint Previous Order No: 6372**  
**Order Date: 2019-05-09**  
**User: Dawn Caspers**  
**Phone: 248-674-0388**

**Ship Location: Attn Dawn Caspers**  
**4000 Highland Rd Suite 114**  
**Waterford , MI 48328**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 73050**  
**Dept Name:**  
**Company Number: 810**

**Order Total Price: 7.40**

**Item Number: MM-34220**  
**Item Description: TB Skin Test Documentation Form**  
**Revision Date: 6/2016**  
**Print: 1 sided black and white**  
**Paper: 2 Part (White, Yellow)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Misc Info:**

McLAREN MEDICAL GROUP

2213 E. Hill Rd. Grand Blanc, MI 48409  
1254 N. Main St. Lapeer, MI 48446  
1520 S. Mission St. Mt. Pleasant, MI 48858  
4 Columbus Ave. Suite 140 Bay City, MI 48708

**TB SKIN TEST DOCUMENTATION FORM**

Patient/Employee Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Administration**

TB Screening Questionnaire completed \_\_\_\_\_

Brand: \_\_\_\_\_ Lot#: \_\_\_\_\_ Exp Date: \_\_\_\_\_  
\_\_\_\_ 0.1 mL administered with 6-10mm wheal Arm: Right/Left

Date/Time of administration: \_\_\_\_\_  
Administered By: \_\_\_\_\_

**Reading**

Date/Time Read: \_\_\_\_\_ Read By: \_\_\_\_\_  
Results: \_\_\_\_\_ mm of induration

**Recommendations for results over 0mm of induration:**

Provider reviewed results: \_\_\_\_\_  
Provider recommendations: \_\_\_\_\_  
Provider Signature: \_\_\_\_\_

**Positive Skin Test Result**

Date/Time Health Department Notified: \_\_\_\_\_  
Reported By: \_\_\_\_\_

MM-34220-016

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