

**McLAREN MEDICAL GROUP**

\_\_\_\_ 2313 E. Hill Rd.  
Grand Blanc, MI 48439

\_\_\_\_ 16700 21 Mile Rd., Suite 106  
Macomb, MI 48044

\_\_\_\_ 1254 N. Main St.  
Lapeer, MI 48446

\_\_\_\_ 6910 South Cedar Street  
Lansing, MI 48911

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

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