

McLaren Print System Order

Order No: 48918 Reprint Previous Order No: 6372
Order Date: 2019-09-26
User: Kelly Lewis
Phone: 810-496-0916

Ship Location: Midland Occupational and Convenient Care
801 Joe Mann Blvd. Suite A
Midland, MI 48642

Forms

Quantity: 500
Paragon Dept No: 56052
Dept Name: Midland Occupational and Convenient Care
Company Number: 810

Order Total Price: 32.00

Item Number: MM-34220
Item Description: TB Skin Test Documentation Form
Revision Date: 9/2019
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
Office Stamp

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

McLAREN MEDICAL GROUP
Office Stamp

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