McLaren Business Products

McLaren Print System Order

Order No: 8273 Reprint Previous Order No: 6372
Order Date: 2015-01-16
User: Kelly Lewis
Phone: 810-496-0916

Ship Location: Grand Blanc Occ - Kelly Lewis
2313 E. Hill Rd.
Grand Blanc , MI 48439
Forms
Quantity: 2500
Paragon Dept No: 64100
Dept Name: Grand Blanc Occ
Company Number: 810

Order Total Price: 146.50

Item Number: MM-34220
Item Description: TB Skin Test Documentation Form
Revision Date: 1/2015
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info:

McLAREN MEDICAL GROUP

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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Provider recommendations: ________________________

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Positive Skin Test Result

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Reported By: ________________