

McLaren Print System Order

Order No: 8685 Reprint Previous Order No: 6372
Order Date: 2015-02-03
User: Becki Beers
Phone:

Ship Location: Becki Beers
10090 E. Lippincott Blvd.
Davison, MI 48423

Forms

Quantity: 100
Paragon Dept No: 64103
Dept Name: McLaren-Flint Davison CMC
Company Number: 810

Order Total Price: 7.35

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: None
Drill: None
Misc Info:

McLAREN MEDICAL GROUP

231 S.E. Hill Rd. 1523 S. Mason St.
Grand Blanc, MI 48430 St. Ponsard, MI 48999

1254 N. Main St. 4918 South Cedar Street
Lapeer, MI 49649 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 wheel 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 (1-15)

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