## McLAREN MEDICAL GROUP

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1459 S. Center Rd. Burton, MI 48509	39833 Bridgeview Harrison Township, MI 48045	1459 S. Center Rd. Burton, MI 48509	39833 Bridgeview Harrison Township, MI 48045
1254 N. Main St. Lapeer, MI 48446	6910 South Cedar Street Lansing, MI 48911	1254 N. Main St. Lapeer, MI 48446	6910 South Cedar Street Lansing, MI 48911
16700 21 Mile Rd., Suite 106 Macomb, MI 48044		16700 21 Mile Rd., Suite 106 Macomb, MI 48044	
TB SKIN TEST DOCUMENTATION FORM		TB SKIN TEST DOCUMENTATION FORM	
Patient/Employee Name:	Date of birth:	Patient/Employee Name:	Date of birth:
Administration		Administration	
TB Screening Questionnaire completed		TB Screening Questionnaire completed	
Brand: Lot#:	Exp Date:	Brand: Lot#:	Exp Date:
0.1 mL administered with 6-10mn	n wheal Arm: Right/Left	0.1 mL administered with 6-10mm v	wheal Arm: Right/Left
Date/Time of administration:		Date/Time of administration:	
Administered By:		Administered By:	
Reading		Reading	
Date/Time Read: Read By:		Date/Time Read:	Read By:
Results:mm of induration		Results:mm of induration	
Recommendations for results over 0mm of induration:		Recommendations for results over 0mm of induration:	
Provider reviewed results:		Provider reviewed results:	
Provider recommendations:		Provider recommendations:	
Provider Signature:		Provider Signature:	
Positive Skin Test Result		Positive Skin Test Result	
Date/Time Health Department Notified:		Date/Time Health Department Notified:	
Reported By:		Reported By:	
MM-34220 (9/14)		MM-34220 (9/14)	