

**McLaren Print System Order**

**Order No: 70206 Reprint Previous Order No: 6372**  
**Order Date: 2022-06-02**  
**User: Michelle Saylor**  
**Phone: 19896725151**

**Ship Location: Caro Quick Care**  
**345 State St**  
**Caro, Michigan 48723**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 58913**  
**Dept Name: Caro Quick Care**  
**Company Number: 810**

**Order Total Price: 7.40**

**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-34220-019

McLAREN MEDICAL GROUP  
Office Stamp

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Patient/Employee Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Administration**

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Brand: \_\_\_\_\_ Lot#: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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Date/Time of administration: \_\_\_\_\_

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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-34220-019