

McLaren Print System Order

Order No: 71607 Reprint Previous Order No: 6372
Order Date: 2022-08-03
User: Kristin Hardy
Phone: 8104960900

Ship Location: GB Occupational Health/ConvCare
2313 E Hill Rd
Grand Blanc, MI 48439

Forms

Quantity: 100
Paragon Dept No: 64100
Dept Name: GB Occ Health
Company Number: 810

Order Total Price: 0.00

Item Number: MM-34220
Item Description: TB Skin Test Documentation Form
Revision Date: 9/2019
Print:
Paper:
Size:
Fold:
Finish:
Drill:
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-3422-019

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