McLaren Business Products

McLaren Print System Order

Order No: 72167 Reprint Previous Order No: 6372
Order Date: 2022-09-06
User: Amber Kleekamp
Phone: 9895519951

Ship Location: McLaren Thumb Occupational Health & Convenient Care Clinic
1040 S Van Dyke Rd
Bad Axe, MI 48413
Forms
Quantity: 100
Paragon Dept No: 54604
Dept Name: McLaren Thumb Occupational Health & Convenient Care Clinic
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: _____

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