

McLaren Print System Order

Order No: 86882
Order Date: 2024-07-11
User: Autumn Scherzer
Phone: 989-393-2850

Ship Location: McLaren Bay Occupational Attn: Autumn
4 Columbus Ave Ste 140 Uptown Building
Bay City, mi 48708

Form
Quantity: 1000
Paragon Dept No: 51529
Dept Name: McLaren Bay Occupational and Convenient Care
Company Number:

Order Total Price: 60.50

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
Poster:
Misc Info:



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: _____

Spec Info:

Provider Signature: _____

Positive Skin Test Result

Date/Time Health Department Notified: _____

Reported By: _____

MM-34220-010



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Positive Skin Test Result

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Reported By: _____

MM-34220-010