

**McLaren Print System Order**

Order No: 86908  
Order Date: 2024-07-12  
Order Request Date:  
User: Kristal Johnson  
Phone: 810-487-3601

Ship Location: Davison CMC  
10090 E Lippincott Blvd  
Davison, MI 48423

Brochures  
Quantity: 100  
Paragon Dept No: 50002  
Dept Name: Davison CMC  
Company Number:

Order Total Price: 7.65

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: Padded (100 Sheets Per Pad)  
Drill: None  
Poster:  
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 5mm of induration:**

Provider reviewed results: \_\_\_\_\_  
Provider recommendations: \_\_\_\_\_  
\_\_\_\_\_  
Provider Signature: \_\_\_\_\_

**Positive Skin Test Result**

Date/Time Health Department Notified: \_\_\_\_\_  
Reported By: \_\_\_\_\_

MM-34220-10

McLAREN MEDICAL GROUP  
Office Stamp

TB SKIN TEST DOCUMENTATION FORM

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

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Results: \_\_\_\_\_mm of induration

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Provider recommendations: \_\_\_\_\_  
\_\_\_\_\_  
Provider Signature: \_\_\_\_\_

**Positive Skin Test Result**

Date/Time Health Department Notified: \_\_\_\_\_  
Reported By: \_\_\_\_\_

MM-34220-10

Spec Info: