McLaren Print System Order

Order No: 87212
Order Date: 2024-07-25
User: Bobbi O'Grady
Phone: 231-627-1333

Ship Location: McLaren Petoskey Med Center-South
1890 US 131 S #4
Petoskey, MI 49721
Form
Quantity: 100
Paragon Dept No: 50722
Dept Name: Mclaren Medical Group
Company Number:

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
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 0mm of induration:

Provider reviewed results: ___

Provider recommendations: ______

Provider Signature: ______

Positive Skin Test Result

Date/Time Health Department Notified: ______

Reported By: ______

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: ______

Spec Info: