

McLaren Print System Order

Order No: 89403
Order Date: 2024-10-31
Order Request Date:
User: Kristal Johnson
Phone: 810-487-3601

Ship Location: Flushing CMC
2487 N Elms Rd
Flushing, MI 48433

Brochures
Quantity: 500
Paragon Dept No: 50011
Dept Name: Flushing CMC
Company Number:

Order Total Price: 32.00

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 5mm of induration:

Provider reviewed results: _____

Provider recommendations: _____

Provider Signature: _____

Positive Skin Test Result

Date/Time Health Department Notified: _____

Reported By: _____

MM-3422-0-10

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Office Stamp

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Positive Skin Test Result

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Reported By: _____

MM-3422-0-10

Spec Info: