McLAREN MEDICAL GROUP

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2313 E. Hill Rd. Grand Blanc, MI 48439	16700 21 Mile Rd., Suite 106 Macomb, MI 48044	2313 E. Hill Rd. Grand Blanc, MI 48439	_ 16700 21 Mile Rd., Suite 106 Macomb, MI 48044
1254 N. Main St. Lapeer, MI 48446	6910 South Cedar Street Lansing, MI 48911	1254 N. Main St Lapeer, MI 48446	_ 6910 South Cedar Street Lansing, MI 48911
TB SKIN TEST DOCUMENTATION FORM		TB SKIN TEST DOCUMENTATION FORM	
Patient/Employee Name:	Date of birth:	Patient/Employee Name:	Date of birth:
Administration		Administration	
TB Screening Questionnaire completed		TB Screening Questionnaire completed	
Brand: Lot#:	Exp Date:	Brand: Lot#:	Exp Date:
0.1 mL administered with 6-10mm w	heal Arm: Right/Left	0.1 mL administered with 6-10mm whea	al Arm: Right/Left
Date/Time of administration:		Date/Time of administration:	
Administered By:		Administered By:	
Reading		Reading	
Date/Time Read:	Read By:	Date/Time Read:	Read By:
Results:mm of induration		Results:mm of induration	
Recommendations for results over 0mm of induration:		Recommendations for results over 0mm of induration:	
Provider reviewed results:		Provider reviewed results:	
Provider recommendations:		Provider recommendations:	
Provider Signature:		Provider Signature:	
Positive Skin Test Result		Positive Skin Test Result	
Date/Time Health Department Notified:		Date/Time Health Department Notified:	
Reported By:		Reported By:	