

**McLaren Print System Order**

**Order No: 46781 Reprint Previous Order No: 6372**  
**Order Date: 2019-07-05**  
**User: Alicia Mullett**  
**Phone: 9893932850**

**Ship Location: MCLAREN OCCUPATIONAL HEALTH**  
**4 Columbus Ave; suite 140**  
**BAY CITY, MI 48708**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 65100**  
**Dept Name:**  
**Company Number: 810**

**Order Total Price: 32.00**

**Item Number: MM-34220**  
**Item Description: TB Skin Test Documentation Form**  
**Revision Date: 6/2016**  
**Print: 1 sided black and white**  
**Paper: 2 Part (White, Yellow)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Misc Info:**

McLAREN MEDICAL GROUP

2213 E. Hill Rd.  
Grand Blanc, MI 48409  
1254 N. Main St.  
Lapeer, MI 49449

1520 S. Mission St.  
Mt. Pleasant, MI 48858  
4 Columbus Ave, Suite 140  
Bay City, MI 48708

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: \_\_\_\_\_

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