

**McLaren Print System Order**

**Order No: 50159 Reprint Previous Order No: 6372**  
**Order Date: 2019-11-07**  
**User: Rebecca Stevens**  
**Phone: 517-896-1519**

**Ship Location: PORTLAND FAMILY MEDICINE**  
**406 KENT ST**  
**PORTLAND, MI 48875**

**Forms**

**Quantity: 100**  
**Paragon Dept No: 68375**  
**Dept Name: PORTLAND FAMILY MEDICINE**  
**Company Number: 810**

**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**  
**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: \_\_\_\_\_

MM-34220-019

McLAREN MEDICAL GROUP  
Office Stamp

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**Positive Skin Test Result**

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

Reported By: \_\_\_\_\_

MM-34220-019