

McLaren Print System Order

Order No: 60930 Reprint Previous Order No: 6372
Order Date: 2021-03-10
User: Cindy Simpson
Phone: 8104960900

Ship Location: **MCLAREN OCCUPATIONAL AND CONVENIENT CARE ATTN CINDY CINDY**
2313 East Hill Road
Grand Blanc, MI 48439

Forms

Quantity: 1000
Paragon Dept No: 64100
Dept Name: McLaren Occupational and Convenient Care
Company Number: 810

Order Total Price: 60.50

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

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MM-34220-019