

McLaren Print System Order

Order No: 6378
Order Date: 2014-10-09
User: Kelly Lewis
Phone: 810-496-0916

Ship Location: Grand Blanc Occupational -- Kelly Lewis
2313 E. Hill Rd.
Grand Blanc, MI 48439

Forms

Quantity: 1000
Paragon Dept No: 64100
Dept Name: Grand Blanc Occupational
Company Number: 810

Order Total Price: 2.00

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

McLAREN MEDICAL GROUP

2313 E. Hill Rd. 16750 21 Mile Rd., Suite 106
Grand Blanc, MI 48409 Wixom, MI 48094
1254 N. Main St. 4910 South Cedar Street
Lapeer, MI 48848 Lansing, MI 48911

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 5-10mm wheel 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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