OCCUPATIONAL HEALTH SERVICES

Offsite TB Documentation Form
For TB tests applied AND read offsite

Please print, complete and fax to Occupational Health Services at 734 -763-7405
(when faxing within UMHS, use 3-7405)

Attention: Daisy Demlow

From: _____ _____
Offsite Unit Name Sender's Name

Date: _____ **Sender's phone number:** _____

To receive reimbursement, THIS SECTION MUST BE FILLED OUT

Dept Org Code: _____

Short Code: _____

APPLIED:
Employee Name: _____ **Employee email:** _____**@umich.edu**

Employee MRN : _____ **Employee UM ID #** _____ **Birthdate:** _____

Supervisor name: _____ **Department:** _____
Has received 0.1 cc ppd for tuberculosis screening in the Left / Right forearm (Circle one)

Date Applied: _____
Circle reason: Annual New Employee Volunteer Post-exposure

Applied by: _____
Name and Title

Date Read: _____

Reader's Name and Title: _____

Results:

☐ **Negative**
☐ **Positive or Questionable --- Report to UM Occupational Health Services ASAP**

IMPORTANT: This document may contain confidential information that is legally privileged. The information is intended only for the use of the individual or entity named above. The authorized recipient of this information shall not disclose it to any other party unless required by law or regulation, or permitted by the subject of the information.

If you have received tis fax transmission in error, please notify the sender immediately at the telephone number listed above.