附件3 寨卡病毒病入户调查登记表

调查点名称：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 调查人：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 联系电话：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 调查日期：\_\_\_\_\_\_\_\_\_年\_\_\_\_\_\_月\_\_\_\_\_\_日

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| 门牌号 | 户主  姓名 | 户内居住人口数 | 家庭成员姓名 | 性别 | 年龄 | 职业 | 是否出现以下症状 | | | | 发病日期 | 最近14天外出情况 | | | | 是否接受采样检测 | 采样检测结果 | 是否列入病例管理 | 备注 |
| 发热  ℃ | 关节痛 | 肌肉痛 | 皮疹 | 其他社区、村 | 外市 | 外省 | 国外 |
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填写说明：1. 症状：如有相应症状，则填写出现日期；2. 外出史：如有外出，则填地址；3. 如有联系方式请填在备注栏。