### 附件3

广东省登革热/基孔肯雅热/寨卡病毒病入户调查登记表（参考式样）

调查点名称： 调查人： 联系电话： 调查日期：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 疑似病例姓名 | 户内  同居住人口数 | 家庭地址（房号） | 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/  出血点 | 其他社区、村 | 外市 | 外省 | 国外 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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。