附件8

学校对未预防用药者医学观察/胸片检查记录表

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| **学校:** | | | | | | | **班级(院系):** | | | | | | | | | | | | | |
| 序号 | 姓名 | 性别 | 年龄 | 宿舍 | 电话 | 起始时间 | 随时出现症状/  胸片检查情况 | | | 固定时间可疑症状/胸片检查情况 | | | | | | | | | 处理结果 | 记录人 |
| 时间 | 症状 | 胸片 | 3月 | 症状 | 胸片 | 6月 | 症状 | 胸片 | 12月 | 症状 | 胸片 |
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| 说明：1.本表由学校负责结核病管理的校医、班主任等人员填写。  2.本表要求对单纯结核菌素试验强阳性且未预防用药者进行医学观察，对随时出现症状的，要随时就诊和检查；对固定时间的检查，按要求进行，并填写结果。  3.做好记录并留存，以备检查。 | | | | | | | | | | | | | | | | | | | | |