**懷疑安老院舍內集體感染傳染病**

呈報表格

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **致：** | **衞生防護中心** | **中央呈報辦公室** | **(CENO)** | | **（傳真：2477 2770）** | | |
| 副本送： | 安老院牌照事務處 (LORCHE) | | | (傳真：2574 4176 或 3106 3058 | | | ) |
|  | 社區老人評估小組 (CGAT) 如適用 | | | (傳真： | |  | ) |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 院舍名稱： | |  | | | | | | | | | | (牌照處檔號: | | | | | | | | |  | | | | | | | ) | | |
| 院舍地址： | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 院舍聯絡人： | | | | |  | (職位： | | |  | | | | | | ) | | 電話： | | | | | |  | | | | | |  | |
| 全院院友總人數： | | | | |  | 職員總人數： | | | | |  | | | | |  | 傳真： | | | | | |  | | | | | |  | |
|  | | | |  | | | |  | | | | | | | | | | |  | | | | | | | | | | | |
| 患病院友人數： | | | | |  | （入醫院人數： | | | | | | | |  | | | | | | | | | | | | ） | | | | |
| 患病職員人數： | | | | |  | （入醫院人數： | | | | | | | |  | | | | | | | | | | | | ） | | | | |
| 病者普遍徵狀： | | | | | 發熱 | | | | | 喉嚨痛 | | | | | | | | | | | |  | | | | | | | | |
| (可選擇多項) | | | | | 咳嗽 | | | | | 流鼻水 | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | 腹瀉 | | | | | 嘔吐 | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | 皮膚紅疹 | | | | | 手/足出現水疱 | | | | | | | | | | | | 口腔潰瘍 | | | | | | | | |
|  | | | | | 其他（請列明： | | |  | | | | | | | | | | | | | | | | | | | | ） | | |
| 懷疑傳染病是： | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | |  | | | |  | | | | | | | | | | |  | | | | | | | | | | | |
| 呈報者 | 名稱： | |  | | | | 聯絡電話： | | | | | |  | | | | | | | | | | | | | |  | | | |
|  | 簽名： | |  | | | | 傳真日期： | | | | | |  | | | | | 年 | |  | | | | 月 |  | 日 | | | | |
| 查詢請致電：2477 2772 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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