附件3

现场筛查户卡

筛查点名称/编号：

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| 个人编号 | 姓名 | 性别 | 身份证号 | 住址 | 联系电话 | 户籍所在地 | 最近6个月是否在本无区居住 | 是否 应检人口 | 是否 大于 60周岁 | 是否既往结核 病患者 | 是否糖尿病患者 | 备注 | 创建时间 |
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注：备注处填写筛查结果：1.未见异常；2.活动性结核病灶；3.非活动性结核病灶；4.其他疾病(详细注明)；5.未拍胸片，查痰。