**水痘病例调查一览表**

调查单位/地址:  联系人:   联系电话：

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| 编号 | 姓名 | 性别 | 年龄 | 班级 | 联系电话 | 发病  日期 | 临床症状及检查 | | | 过去一年是否接种流感疫苗 | 是否就医（医院名称） | 备注 |
| 最高体温（℃） | 咳嗽 | 咽痛 |
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调查员：               调查日期：       年     月    日