附件7

学校对单纯结核菌素皮肤试验强阳性者预防性用药记录表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名:** | | | **班级(院系):** | | | **电话:** | | | **监督人:** | | | | **电话:** | |
| **预防方案:** | | | | **开始日期:** | | | | | | **结束日期:** | | | | |
| **督导次数** | **督导日期** | **服药时间** | | **不良反应** | | | | | | | | **记录人签字** | | **备注** |
| **胃肠道反应** | **皮肤反应** | | **发热** | **末梢神经反应** | | | **其他** |
| **(如恶心\呕吐等)** | **(皮疹\瘙痒\皮炎等)** | | **(手足麻木\抽搐等)** | | |
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| 说明: 1.本表有负责学校结核病管理的校医或班主任等人员记录。 | | | | | | |  |  | | |  |  | |  |
| 2.本表用于单纯结核菌素试验强阳性且进行预防用药者的记录。 | | | | | | |  |  | | |  |  | |  |
| 3.本表根据要求进行记录、保存，以备查。 | | | | | | |  |  | | |  |  | |  |