**新生PPD筛查登记表**

**区 学校 年级(院系) 班**

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| **序号** | **姓名** | **学号** | **性别** | **出生**  **年月** | **民族** | **生源地** | **卡痕:有、无** | **结核病史** | PPD试验结果 | | | | | | 备注 |
| 硬结最大横径\*纵径(mm) | 硬结平均直径(mm) | 水疱 | 丘疹 | 淋巴管炎 | 双圈 |
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**PPD检查日期 年 月 日，复验结果日期 年 月 日 检测者签名 ，单位负责人签名 ，学校负责人签名**

**新生PPD筛查登记表**

**区 学校 年级(院系) 班**

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| **序号** | **姓名** | **学号** | **性别** | **出生**  **年月** | **民族** | **生源地** | **卡痕:有、无** | **结核病史** | PPD试验结果 | | | | | | 备注 |
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**PPD检查日期 年 月 日，复验结果日期 年 月 日 检测者签名 ，单位负责人签名 ，学校负责人签名**

**新生PPD筛查登记表**

**区 学校 年级(院系) 班**

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**区 学校 年级(院系) 班**

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**PPD检查日期 年 月 日，复验结果日期 年 月 日 检测者签名 ，单位负责人签名 ，学校负责人签名**