**社會服務設施傳染病監測表**

Form for Surveillance of Infectious Diseases in Social Service Institutions

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 設施名稱  Name of Institution： \_\_\_\_\_\_\_\_ | | | | | | | | | 填寫者  Completed by： \_\_ | | | | | | | |
| 監測範圍(樓層、房號)  Surveillance scope： \_ \_ \_\_\_\_\_\_\_\_  (Floor, room no.) | | | | | | | | | 監測人數  No. of monitored individuals： | | | | | | | |
| **日期**  **Date**  **(日DD/月MM)** | | **星期一**  **Mon**  **( / )** | **星期二**  **Tue ( / )** | **星期三Wed**  **( / )** | **星期四**  **Thu**  **( / )** | **星期五**  **Fri**  **( / )** | **星期六**  **Sat**  **( / )** | **星期日**  **Sun**  **( / )** | | **星期一**  **Mon**  **( / )** | **星期二**  **Tue**  **( / )** | **星期三Wed**  **( / )** | **星期四**  **Thu**  **( / )** | **星期五**  **Fri**  **( / )** | **星期六**  **Sat**  **( / )** | **星期日**  **Sun ( / )** |
| **病徵人數**  **No. of individuals displaying symptoms** | **發燒 Fever** |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| **咽痛/流涕/咳嗽(包括感冒)**  **Sore throat/Runny nose/ Cough (including common cold)** |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| **腹瀉/嘔吐/腹痛**  **Diarrhoea/ Vomit/ Abdominal pain** |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| **皮膚出疹(包括手足口病)**  **Skin rashes (including Hand-foot-mouth disease)** |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| **其他 Others** |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| ***註: 1. 每天為服務使用者 / 員工作監測症狀，記錄於本表並作保存。***  ***N. B. Symptoms of service users / staff should be monitored daily and recorded in this form.***  ***2. 如突然出現不尋常情況，請填寫《社會服務設施傳染病集體不適通報表》，並立即通知衛生局疾病預防控制中心(電話: 2853 3525) / 社工局(電話: 8399 7802)。***  ***Should there be any unusual condition, complete the “Notification Form of Collective Illness related to Infectious Diseases in Social Service Institutes” and notify CDC (Tel: 28533525) / IAS (Tel: 83997802) immediately.*** | | | | | | | | | | | | | | | | |