**臺南市下營區中營國小學校發生疑似食品中毒學生名冊**

**附件 6**

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|  |  | 食中PMDS匯入資料 | | | | | | | | | | | 症狀調查+人體採檢+懷疑食物 | | | | | | | | | |
| **編號** | **班級** | **姓名** | **性別** | **年齡** | **生日** | **攝食日期必填** | **攝食時間** | **發病日期** | **發病時間** | **就醫日期** | **就醫時間** | **就醫診所** | **發燒℃** | **噁心** | **嘔吐次數** | **腹痛** | **水樣腹瀉幾次** | **糞便含血** | **噴嚏咳嗽或鼻水** | **其他症狀** | **採檢** | **有無懷疑食物** |
| **範例** | **1甲** | **王小明** | **男** | **11** | **2010/10/9** | **2019/05/01** | **1230** | **2019/05/01** | **1700** | **2019/05/01** | **2000** | **成大醫院** | **38** |  | **3** |  | **2** |  | **v** | **出疹** | **v** | **炸魚排** |
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1.本表件請自行至本(教育)局/學輔校安科/專題網站/學校發生疑似食品中毒事件應變應變流程 2.參考資料來源：臺南市政府衛生局