|  |  |  |  |
| --- | --- | --- | --- |
| File No: | Name: | | Physician : |
| Ward: | Surname: | | Nationality: |
| Pass No: | Sex: | | Date of Birth: |
| Date of Discharge: | | Date of Admit: | |

1. **Patient's clinical symptoms and complaints:**

Abnormal Mucosa Hemorrhage

Severe Headache HeadacheHemorrhage

Dermal Rash HeadacheHemorrhage

Fever Chills Bad Overall Health Cough Dyspnea Wound Sweating Muscular pain

Diarrhea Mass-Volume Splash Vomiting Sore Throat

Disturbance of Consciousness

(Macular, Papules, Petechial, Erythema)

1. **According to positive signs and suspecting a contaminable disease in patient:**

|  |  |  |
| --- | --- | --- |
|  | **Content** | **Explanation** |
| 1 | History of similar disease in patient |  |
| 2 | History of contacting with a similar patient in contact cases |  |
| 3 | History of traveling to contaminated areas( According to endemic areas and latency period) |  |

**From onset of symptoms:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HTLV 1 | HCV Ab | HSV | HLV | ABS Ag |

**c) Patients initiating disease:**

|  |  |  |  |
| --- | --- | --- | --- |
| Pulmonary | Hepatic | Renal | Cardiovascular |
| Cancers | Immunodeficiency | Addiction | Etc. |

Explanations: ……………………………………………………………………………………………

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