Epidemirapport vid utbrott av smitta i kommunal vård och omsorg

Smitta ………………………………………….….. Boende…………………………….

Registrera i tidsföljd insjuknande patienter och personal. Inga namn eller personnummer ska anges.

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| Patient/Personal | Debut | Symtomfri | Provtyp | Resultat | Övrigt |
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Eventuell kommentar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_