附件3

医疗机构结核菌素皮肤试验开展情况统计表

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **筛查机构所在区** | **筛查机构全称** | **PPD试验人数** | **PPD试验结果** |
| **复验结果人数** | **阴性** | **一般阳性** | **中度阳性** | **强阳性** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |

 **填报人： 联系方式：**