附件8

脱贫地区新生儿疾病筛查项目听力障碍儿童转介月度汇总表

（ 月）

县项目办

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 儿童  姓名 | 性别 | 出生  日期 | 家长  姓名 | 联系电话 | 诊断机构 | 左耳诊  断结果 | 右耳诊  断结果 | 转介时间 |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| ： |  |  |  |  |  |  |  |  |  |
| ： |  |  |  |  |  |  |  |  |  |