



CLINICAL-EPIDEMIOLOGICAL DATA COLLECTION SHEET COPROPARASITOLOGICAL EXAMINATION

NAME:

SURNAME:

SEX: M F

DATE OF BIRTH: / /

FORM COMPLETION DATE: / /

<p>1. HABITS</p> <p>Do you have contacts with animals? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <p>Do you live in rural areas? <input type="checkbox"/> NO <input type="checkbox"/> SI</p> <p>Do you perform agricultural work? <input type="checkbox"/> NO <input type="checkbox"/> YES</p> <hr/> <p>3. TRIPS ABROAD</p> <p>Any stay in non-EU countries? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>LATEST STAYS ABROAD</p> <p>Country:</p> <p>From / / to / /</p> <p>Country:</p> <p>From / / to / /</p> <hr/> <p>4. REASON FOR THE EXAMINATION</p> <p><input type="checkbox"/> Check-up after stay in tropical country</p> <p><input type="checkbox"/> Check-up after anti-parasitic therapy</p> <p>Specify:</p> <p><input type="checkbox"/> A family member/cohabitant is affected by</p> <p><input type="checkbox"/> Eosinophilia</p> <p><input type="checkbox"/> Other</p> <p>Specify:</p> <p>.....</p>	<p>2. SYMPTOMS (at least 2)</p> <p>Started on</p> <p>NB: the stool must be at least unformed</p> <p><input type="checkbox"/> Watery diarrhoea</p> <p><input type="checkbox"/> Diarrhoea with blood</p> <p><input type="checkbox"/> Skin itching</p> <p><input type="checkbox"/> Cough</p> <p><input type="checkbox"/> Nausea/loss of appetite</p> <p><input type="checkbox"/> Rush/Exanthema</p> <p><input type="checkbox"/> Abdominal pains</p> <p><input type="checkbox"/> Vomit</p> <p><input type="checkbox"/> Anal itching</p> <p><input type="checkbox"/> Fever</p> <p><input type="checkbox"/></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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