|  |  |  |
| --- | --- | --- |
| Nazwa i adres komórki organizacyjnej zakładu leczniczego/praktyki lekarskiej1) | **ZLK-2**  **Zgłoszenie rozpoznania gruźlicy** | Adresat:  **Państwowy Powiatowy** **Inspektor Sanitarny**  **w** ........................................................ |
| **Resortowy kod identyfikacyjny podmiotu leczniczego**2)    Część I. Numer księgi rejestrowej   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |   Część II. TERYT   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |   Część VII. Komórka organizacyjna   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | **Uwagi**:  1) W przypadku dokumentu sporządzonego w postaci papierowej dane mogą być naniesione na dokument  w formie pieczątki albo nadruku.  2) Wypełnić zgodnie z rozporządzeniem Ministra Zdrowia z dnia 17 maja 2012 r. w sprawie systemu resortowych kodów identyfikacyjnych oraz szczegółowego sposobu ich nadawania (Dz. U. z 2019 r. poz. 173).  3) Wypełnić w przypadku, gdy osobie nie nadano numeru PESEL, wpisując serię i numer paszportu albo  nazwę, numer identyfikacyjny innego dokumentu, na podstawie którego jest możliwe ustalenie danych  osobowych.  (\*)  Niepotrzebne skreślić. | |
| **I . ROZPOZNANIE**  **1. Kod ICD-10 2. Określenie słowne 3. Data rozpoznania** (dd/mm/rrrr)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | – |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | / |  |  | / |  |  |  |  | | | |
| **II. Dane PACJENTA**  **1. Nazwisko**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **2. Imię 3. Data urodzenia** (dd/mm/rrrr) **4. Nr PESEL**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | / |  |  | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **5. Nazwa i numer identyfikacyjny dokumentu**3) **6. Płeć (M, K) 7. Obywatelstwo**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **8. Kraj urodzenia**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **9. Osoba bezdomna**   |  |  |  | | --- | --- | --- | |  | Tak (w pkt 10–13 podać województwo, powiat, gminę i miejscowość) |  |   **Adres miejsca zamieszkania:**  **10. Województwo 11. Powiat 12. Gmina**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **13. Miejscowość 14. Kod pocztowy**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | - |  |  |  |   **15. Ulica 16. Nr domu 17. Nr lokalu**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **18. Dane kontaktowe** (wypełnić w przypadku gdy pacjent lub jego przedstawiciel ustawowy wyraża na to zgodę):  Telefon kontaktowy:……………………………………………………………………..  E-mail:………………………………………………………………………………………  **III. DANE UZUPEŁNIAJĄCE**  **1. Lokalizacja i stan bakteriologiczny choroby:**  **a) płucna**  **nowe zachorowanie wznowa**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | bakteriologia (+) |  | bakteriologia (-) |  | bakteriologia (+) |  | bakteriologia (-) |   **b) pozapłucna**  **nowe zachorowanie wznowa**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | bakteriologia (+) |  | bakteriologia (-) |  | bakteriologia (+) |  | bakteriologia (-) |   **2. Poprzednie rozpoznanie gruźlicy (rok)**   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  |   **3. Poprzednie leczenie przeciwprątkowe**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | nieleczony |  | leczony prawidłowo |  | leczony nieprawidłowo |  | brak danych |   **4. Szczepienia BCG**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | wykonano |  | nie wykonano |  |  |  |  |   **5. Odczyn tuberkulinowy (OT)**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | wykonano |  | nie wykonano |  | wynik testu IGRA (+) |  | wynik testu IGRA (-) |   **6. Liczba osób współzamieszkujących**:………  **7. Styczność z gruźlicą czynną**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | aktualna |  | zakończona, rok:…….. |  | nie stwierdzono styczności |  | brak danych |   **8. Badania bakteriologiczne plwociny**  **a) bakterioskopia/rozmaz**(\*)   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | wynik (+) |  | wynik (-) |  | wykonano, brak wyników |  | nie wykonano |   **b) posiew/hodowla**(\*)   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | wynik (+) |  | wynik (-) |  | wykonano, brak wyników |  | nie wykonano |   **9. Badanie histopatologiczne**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | wykonano |  | potwierdzono gruźlicę |  | nie potwierdzono gruźlicy |  | nie wykonano |   **10. Inne badania bakteriologiczne** (podać jakie)………………………………………………………………………………………………………………..  **11. Okoliczności wykrycia chorego na gruźlicę:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | z objawów klinicznych |  | ze styczności z chorym |  | przy hospitalizacji |  | w badaniu sekcyjnym |  |  |  | | --- | --- | |  | w badaniu grup ryzyka (z wyłączeniem styczności z chorym) |  |  |  | | --- | --- | |  | w innych badaniach profilaktycznych (np. badania wstępne, okresowe) |  |  |  | | --- | --- | |  | w innych badaniach |   **12. Kontakt ze zwierzętami**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Tak |  | Nie |  |  |  |  | | | |
| **IV. DANE ZGŁASZAJĄCEGO LEKARZA/FELCZERA**(wpisać albo nanieśćnadrukiem albo pieczątką)    1. Imię i nazwisko............................................................... ……………. 2. Numer prawa wykonywania zawodu: .................................... 3. Podpis ........................................  4. Telefon kontaktowy: ......................................................................... 5. E-mail: ....................................................................... | | |