**附件5**

**三亚市0-14岁儿童先天性心脏病筛查阳性登记表**

 单位名称：

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| 序号 | 母亲姓名 | 儿童姓名 | 性别 | 年龄  | 出生日期 | 筛查日期 | 心脏杂音听诊 | 诊断结果 | 联系电话 | 现住址 | 备注 |
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说明：本表用于各级医疗机构对0-14周岁儿童筛查阳性的登记