

Diagnosis of Enteropathogenic Bacteria

Public Health Laboratory, Regional Medical Sciences Center 12/1 Trang

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Patient History (Please fill in patient information clearly)

Name (Mr./Ms./Mrs.) Sex ☐ Male ☐ Female Age: Years/ Months

Address : Number Road..... Village No.....

Sub-District/Sub Area District.....

Province.....

Country..... Postal Code..... Telephone No.

Date of illness onset Hospital name..... Hospital No. (HN.)

Symptom :

☐ Fever Temperature°C

Stool appearance

☐ Diarrhea with blood and mucous

☐ Watery stool

☐ Nausea and vomiting

☐ Stomachache

☐ Shock

☐ Seizures

Have another patient in this case? ☐ No

☐ Yes.....

Taking Antibiotics ☐ No

☐ Yes.....