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| **INFORME DEL EVENTO** | | | | | | |
| **UPGD NOTIFICADORA** | |  | | | | |
| **NOMBRE DEL EVENTO** | |  | | | | |
| **FUENTE** | SIVIGILA |  | **FECHA NOTIFICACION IPS** | DIA | MES | AÑO |
| ENTIDAD TERRITORIAL |  | **SEMANA NOTIFICACION IPS** |  | | |
| BAI - BAC |  | **FECHA NOTIFICACION SSYPS** | DIA | MES | AÑO |
| OTROS |  | **SEMANA NOTIFICACION SSYPS** |  | | |

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| **IDENTIFICACIÓN DEL PACIENTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRIMER NOMBRE** | | **SEGUNDO NOMBRE** | | | | | | | | | | | | | | **PRIMER APELLIDO** | | | | | | | | **SEGUNDO APELLIDO** | | | | | | | | |
| **TIPO DE DOCUMENTO** | CC | | TI | | | RC | | | PA | CE | | | MS | | | | | AS | | PEP | | | OTRO | | | **EDAD** | |  | | | | |
| **NUMERO DOCUMENTO** |  | | | | | | | | | | | | | | **SEXO** | | | | **F M** | | | | | **FEC. NAC.** | | | | | DIA | MES | | AÑO |
| **REGIMEN AFILIACION** | CONT | | | SUBS | | | | EXCEP | | | ESPEC | | | | | | NO ASEG | | | | INDET | | **EPS** | |  | | | | | | | |
| **DIRECCIÓN** |  | | | | | | | | | | | | | | | | | | | | | | | | | | **ESTRATO** | | | |  | |
| **AREA** | **URBANA** | | | |  | | **RURAL** | | | | |  | | **BARRIO/VEREDA** | | | | | | | |  | | | | | | | | | | |
| **TELÉFONOS** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **OCUPACIÓN** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NACIONALIDAD** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ETNIA** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOMBRE FAMILIAR** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **SITUACION ENCONTRADA** | | | | | | | | | | | | | |
| **FECHA VISITA DOMICILIARIA** | | | | DIA | | MES | AÑO | **HORA VISITA** |  | | | | |
| **VISITA EFECTIVA** | **SI** |  | **NO** | |  | **SE REALIZA SEGUIMIENTO TELEFONICO** | | | | **SI** |  | **NO** |  |
| **MOTIVO DE NO EFECTIVA** | | | | | | | | | | | | | |

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| **GRUPOS POBLACIONALES** | | | | |  |
| DISCAPACITADO |  | HABITANTE EN CALLE |  | POBLACION ICBF |  |
| DESPLAZADO |  | MADRE COMUNITARIA |  | DESMOVILIZADO |  |
| MIGRANTE |  | POBLACION PSIQUIATRICA |  | VICTIMA DE VIOLENCIA ARMADA |  |
| CARCELARIO |  | GESTANTE |  | SEMANAS DE GESTACION |  |

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| **VACUNACIÓN** | | | | |
| Esquema completo para la edad | SI |  | NO |  |

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| **EXÁMENES DE DIAGNOSTICO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NOMBRE DE LA PRUEBA** | **FECHA DE LA TOMA** | | | | | | | | | | | **LABORATORIO QUE PROCESA** | | | | | | | | | | **RESULTADO** | | | | | | | **FECHA DEL RESULTADO** | | | | | | | |
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| **CONDICIONES DE SANEAMIENTO BÁSICO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VENTILACIÓN ADECUADA** | | | | | | | | | | | SI | | |  | | | NO | |  | **HACINAMIENTO** | | | | | | SI | | | |  | | NO | | | |  |
| **CONDICIONES HIGIÉNICAS ADECUADAS** | | | | | | | | | | | SI | | |  | | | NO | |  | **ACCESO FACIL** | | | | | | SI | | | |  | | NO | | | |  |
| **CALIDAD DEL AGUA** | | POTABLE | | | | | | |  | | | | | | | | NO POTABLE | | | |  | | | DESCONOCIDA | | | | | | | | | |  | | |
| **ALMACENAN AGUA** | | SI | | |  | | | NO | | | | |  | | | DESTAPADA | | | | |  | | | CUBIERTA | | | | | | | |  | | | | |
| **PRESENCIA DE BASURAS** | | SI | | |  | | | NO | | | | |  | | | **VIVIENDA CON SERVICIOS PUBLICOS** | | | | | | | | | | | | SI | |  | | NO | | | |  |
| **ANIMALES EN LA VIVIENDA** | | | PERROS | | | |  | | | GATOS | | | | |  | | | ROEDORES | | |  | | INSECTOS | |  | | OTROS | | | | | |  | | | |

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| **EXÁMENES DE DIAGNOSTICO** | | | | | | | | |
| NOMBRE DE LA PRUEBA | FECHA DE LA TOMA | | | LABORATORIO QUE PROCESA | RESULTADO | FECHA DEL RESULTADO | | |
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| **ESTUDIO DE CONTACTOS** | | | | | | | | | | |
| NOMBRE | PARENTESCO | EDAD | TIPO DE CONTACTO | | | | RIESGO | | ESTADO | |
| SOC | INST | CONV | SEX | ALTO | BAJO | SAN | ENF |
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| **INDICACIONES Y SEGUIMIENTO A CONTACTOS** | | |
| EPS DE CONTACTO | REMITIDO A | INDICACIONES A LOS CONTACTOS |
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| **OBSERVACIONES FINALES – EXAMEN FISICO** | | | | | | | | | |
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| **DIAGNÓSTICO FINAL:** | | | | | | | | | |
| **SE DA EDUCACION** | SI |  | NO |  | **SE REMITE A SERVICIOS SALUD** | SI |  | NO |  |
| **FIRMA DEL PACIENTE O FAMILIAR:** | | | | | | | | | |
| **FIRMA DEL FUNCIONARIO:** | | | | | | | | | |
| **NOMBRE:** | | | | | | | | | |
| **CARGO:** | | | | | | | | | |

*Con la firma del presente formato usted autoriza a la Administración Municipal para que utilice la información consignada en el mismo con fines “estadísticos y/o académicos”. En cumplimiento del artículo 7 del decreto 1377 de 2013 por medio de la cual se reglamenta la Ley 1581 de 2012 en la que se expidió el régimen general de la protección de datos personales.*