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| **Fecha de atención** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Lugar de captación** | | | | | | | | | | Domicilio | | | |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  | **Datos personales** | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Nombres y apellidos** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Lugar de residencia** | | | | |  |  |  |  |  |  |  |
| **Fecha de nacimiento** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Número de identificación** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Provincia** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Nacionalidad** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Cantón** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Estado civil** |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Parroquia** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Celular personal** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Dirección exacta** | | | | | | | | |  |  |  |  |  |  |  |
| **Ocupación** |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Nivel de instrucción** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Autoidentificación** | | | **Afroecuatoriano** | | | | | |  |  |  | **Negro** | | | | | |  |  |  |  | **Mulato** | | | | |  |  | **Montubio** | | | |  |  |  |  |  |  |  |  |
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|  |  |  |  | **Otro** | |  |  |  |  |  |  | **Mestizo** | | | | | |  |  |  |  | **Blanco** | | | | |  |  | **Indígena** | | | |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Indique nacionalidad indígena** | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **En caso de ser Kichwa, pueblo:** | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |
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| **Antecedentes de viaje** | | |  |  |  | **No aplica** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  | **Dentro del país** | | | | | |  |  |  |  |  |  | **Fecha inicio viaje** | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Fecha de retorno** | | | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Provincia** | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Fuera del país** | | | | | |  |  |  |  |  |  | **Fecha inicio viaje** | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **País** | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Datos clínicos** | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Lugar probable de infección** | | | | | | **Domicilio** | | | | |  |  |  | **Trabajo** | | | |  |  | **Comunitario** | | | | | | |  |  | **Libre demanda** | | | | |  |  |  |  |  |  |  |
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| **Embarazada** | | |  |  |  | **No** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  | **Sí** | | |  |  |  |  |  | **Semanas de gestación** | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Enfermedades pre existentes** | | | | | | **No** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  | **Sí** | | |  |  |  |  |  | **Cuáles** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Presentó síntomas** | | |  |  |  | **No** | | |  |  |  |  |  | **Motivo de examen:** | | | | | | | |  |  | **Libre demanda** | | | | | | | | | |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Contacto con persona +** | | | | | | | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Protocolo obligatorio** | | | | | | | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Sí** | | |  |  |  |  |  | **Fecha de inicio de síntomas** | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Síntomas** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Fecha de probable infección** | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Tuvo contacto con un caso** | | | | | | **No** | |  |  |  |  |  |  | **Lugar de contacto** | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **positivo en los últimos 14 días** | | | | | | **Sí** | |  |  |  |  |  |  | **Lugar de contacto** | | | | | | | |  |  | **hogar** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **trabajo** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Tiene antecedentes de** | | |  |  |  | **No** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **espacio público** | | | | | |  |  |  |  |  |  |  |  |  |  |  |
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| **pruebas anteriores** | | |  |  |  | **Sí** | | |  |  |  |  |  | **Antígeno** | | | |  |  |  |  |  |  | **Fecha de prueba anterior** | | | | | | | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Anticuerpo** | | | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Rt-PCR** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | **No sabe** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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