**Tableau 1- Point focal COVID-19 de la DSP**

**Wilaya de** ……………………………………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nom | Prénom | N° telephone | N° Fax | E. mail |
|  |  |  |  |  |

**Tableau 2- Liste nominative des points focaux COVID-19**

**des Etablissements hospitaliers (CHU, EHU, EH ET EPH )**

**de la Wilaya de** ……………………………………

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | Point focal du Service d’Epidémiologie et de médecine préventive (SEMEP)  de l’établissement hospitalier | | | | |
|  | Type  (CHU, EHU, EH, EPH) | Denomination | Nom | Prénom | N° telephone | N° Fax | E. mail |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |

**Tableau 3- Liste nominative des points focaux COVID-19**

**des Etablissements publics de santé de proximité (EPSP) hospitaliers**

**de la Wilaya de** ……………………………………

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Etablissement Public  de Santé de Proximité (EPSP) | **Point focal du Service d’Epidémiologie et de médecine préventive (SEMEP)**  **de l’établissement public de santé de proximité (EPSP)** | | | | |
| N° | Dénomination | Nom | Prénom | N° telephone | N° Fax | E. mail |
| 1 | EPSP |  |  |  |  |  |
| 2 | EPSP |  |  |  |  |  |
| 3 | EPSP |  |  |  |  |  |
| 4 | EPSP |  |  |  |  |  |
| 5 | EPSP |  |  |  |  |  |
| 6 | EPSP |  |  |  |  |  |
| 7 | EPSP |  |  |  |  |  |
| 8 | EPSP |  |  |  |  |  |
| 9 | EPSP |  |  |  |  |  |
| 10 | EPSP |  |  |  |  |  |

**Tableau 4- Liste nominative des points focaux COVID-19**

**des Services cliniques au niveau des établissements hospitaliers (CHU, EHU, EH ET EPH )**

**de la Wilaya de** ……………………………………

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | Point focal au niveau des services cliniques dédiés au COVID19 de l’établissement hospitalier | | | | |
|  | Type  (CHU, EHU, EH, EPH) | Denomination | Nom | Prénom | N° telephone | N° Fax | E. mail |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |