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Code Number:

School Number:

Grade:

Turn:

Date:

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### Questions for the pupil

Name and Surname:

DNI:

Date of birth:

Phone number:

Place of birth: Province of Argentina

Bolivia  Paraguay  Peru  Other country

Had you ever receive a blood transfusion?  No  Yes



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### Questions for the mother

Name and Surname:

DNI:

Date of birth:

Phone number:

Place of birth: Province of Argentina

Bolivia  Paraguay  Peru  Other country

Had you ever receive a blood transfusion?  No  Yes

Have you had a positive blood test for Chagas disease during your pregnancy?

Yes  No

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