**单县一中学生及家庭成员（共同居住人员）**

**14天体温健康登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | | **性别** | | | 男 口 女 口 | | | | **年级** | |  | | | **是否接种疫苗** | | |  | |
| **家庭常驻地址** | | |  | | | | | | **家庭成员数** | | | |  | | **联系电话** | | |  | | |
| **本人** | | | 确诊 口    密切接触者  口    不明原因发热人员  口  疑似 口   无症状感染者 口    境外出入人员   口 | | | | | | | | | | | | | | | | | |
| **家人** | | | 确诊 口    密切接触者  口    不明原因发热人员  口  疑似 口    无症状感染者 口    境外出入人员    口 | | | | | | | | | | | | | | | | | |
| **本人是否有**  **离单经历** | | | 是口  否口 | | **涉及城市**  **/国家** | | |  | | | | **离单时间** | |  | | | **返单时间** | | |  |
| **共同居住家人是否有离单经历** | | | 是口  否口 | | **涉及城市**  **/国家** | | |  | | | | **离单时间** | |  | | | **返单时间** | | |  |
| **开**  **学**  **前**  **14**  **天**  **个**  **人**  **体**  **温**  **健**  **康**  **登**  **记**  **表** | **日期** | | **早上体温** | | | **晚上体温** | | | | **是否外出**  **（地址、交通工具、是否与他人密切接触）** | | | | | | | | | | **检测人** |
| 8.15 | |  | | |  | | | |  | | | | | | | | | |  |
| 8.16 | |  | | |  | | | |  | | | | | | | | | |  |
| 8.17 | |  | | |  | | | |  | | | | | | | | | |  |
| 8.18 | |  | | |  | | | |  | | | | | | | | | |  |
| 8.19 | |  | | |  | | | |  | | | | | | | | | |  |
| 8.20 | |  | | |  | | | |  | | | | | | | | | |  |
| 8.21 | |  | | |  | | | |  | | | | | | | | | |  |
| 8.22 | |  | | |  | | | |  | | | | | | | | | |  |
| 8.23 | |  | | |  | | | |  | | | | | | | | | |  |
| 8.24 | |  | | |  | | | |  | | | | | | | | | |  |
| 8.25 | |  | | |  | | | |  | | | | | | | | | |  |
| 8.26 | |  | | |  | | | |  | | | | | | | | | |  |
| 8.27 | |  | | |  | | | |  | | | | | | | | | |  |
| 8.28 | |  | | |  | | | |  | | | | | | | | | |  |