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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 健康监测表 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 日期 | 体 温 | | 症 状（如有以下症状，请在对应表格空白处打“√”） | | | | | | | | | | | | | | | | | | | | | | |
| 早 | 晚 | 寒颤 | 咳嗽 | 咳痰 | 咽痛 | 打喷嚏 | 流涕 | 鼻塞 | 头痛 | 乏力 | 肌肉酸痛 | 关节酸痛 | 气促 | 胸闷 | 呼吸困难 | 结膜充血 | 恶心 | 呕吐 | 腹泻 | 腹痛 | 皮疹 | 黄疸 | 其他 |
| 月 日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 月 日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 月 日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 月 日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 月 日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 月 日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 月 日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 月 日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 月 日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 月 日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 月 日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 注：体温填水银温度计腋下温度 | | | | | |  |  |  |  |  | 填表人： （本人承诺以上情况均属实） | | | | | | | | | | | | | | |