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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 健康监测记录表 | | | | | | | | |
|
| 专业系： 班级： 姓名： 联系电话： | | | | | | | | |
| 序号 | 日期 | 近14天体温测量记录 | | | | 咳嗽 | | 其他不适 （请说明) |
| 上 午 体温（℃） | 上午 异常 | 下 午 体温（℃） | 下午 异常 | 有 | 无 |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |