**附表2 健康监测个人登记表**

填表人： 身份证号： 联系电话：

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 日期 | 体温 | 主要症状（√） | | | | | | | | | |
| 发热  （体温≥37.3℃） | 腹泻（≥3次/日） | 咳嗽 | 咽痛/咽干 | 呕吐 | 皮疹 | 结膜红肿 | 黄疸 | 味觉/嗅觉异常 | 乏力 |
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