**考生健康监测记录表**

1. 基本信息

姓名： 性别： 年龄： 民族： 国籍： 房间号：

家庭住址： 身份证号码： 联系电话：

继往基础疾病史： 过敏史：

接触史／旅行史：

1. 居家健康监测期间健康状况

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 天数 | 日 期 | 体 温 监 测 | | 新冠肺炎相关“十大症状” | | | | | | | | | | | | | | | | | | | | 其他健康 异常情况 |
| 发热 | | 干咳 | | 乏力 | | 嗅觉味觉减退 | | 鼻塞 | | 流涕 | | 咽痛 | | 结膜炎 | | 肌痛 | | 腹泻 | |
| 早 | 晚 | 早 | 晚 | 早 | 晚 | 早 | 晚 | 早 | 晚 | 早 | 晚 | 早 | 晚 | 早 | 晚 | 早 | 晚 | 早 | 晚 | 早 | 晚 |
| 1 | 月 日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | 月 日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | 月 日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | 月 日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | 月 日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | 月 日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | 月 日 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |