山西运城农业职业技术学院新生体温监测登记表

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | | | 身份证号 | |  | |
| 健  康  状  况  登  记 | 月 | 日 | | 晨检 | 午检 | | 本人健康状况 | 家人健康状况 | 测温当日所在县（市、区） |
| 10 | 5 | |  |  | |  |  |  |
| 10 | 6 | |  |  | |  |  |  |
| 10 | 7 | |  |  | |  |  |  |
| 10 | 8 | |  |  | |  |  |  |
| 10 | 9 | |  |  | |  |  |  |
| 10 | 10 | |  |  | |  |  |  |
| 10 | 11 | |  |  | |  |  |  |
| 10 | 12 | |  |  | |  |  |  |
| 10 | 13 | |  |  | |  |  |  |
| 10 | 14 | |  |  | |  |  |  |
| 10 | 15 | |  |  | |  |  |  |
| 10 | 16 | |  |  | |  |  |  |
| 10 | 17 | |  |  | |  |  |  |
| 10 | 18 | |  |  | |  |  |  |

【备注】按照疫情防控要求，请如实填写本人在开学前每日体温监测情况、本人及家人身体健康状况及测温当日学生所在县（市、区）。

本人签字：

家长签字：

联系方式：