

学生及共同居住人健康状况与行程轨迹记录表

Health and Travel Monitoring Form of Students and Co-Resident in Chaoyang District of Beijing before returning to school

学校名称: _____ 学生姓名: _____ 班级: _____ 监护人电话: _____
 School Name: _____ Student Name: _____ Grade Level: _____ Guardian contact No.: _____

填表说明: 1.监测时间为返校前14天内。2.此表所指体温为腋下体温温度。3.症状: ①发热; ②咳嗽; ③咽痛; ④胸闷; ⑤呼吸困难; ⑥轻度四肢/腰背部肌肉酸痛/乏力/精神稍差; ⑦恶心呕吐/腹泻; ⑧头痛; ⑨心慌; ⑩其它
 若出现以上情况, 请在相应的表格内填写与内容对应的序号, 若无填“否”。4.行程轨迹填写出返京情况, 出京需填写到**省**市**区。5.共居住人症状一栏, 若有异常, 填写亲属关系及症状, 如父亲有①。若无填“否”。

Instructions: 1.Please start monitoring 14 days before your return to school;
 2. Please use the armpit temperature to fill out this form.
 3. Symptoms: ① Fever; ② Cough; ③ Sore throat; ④ Chest tightness; ⑤ Difficulty breathing; ⑥ Mild limb / lumbar and back muscle soreness / fatigue / slight mental distress; ⑦ Nausea, vomiting/diarrhea; ⑧ Headache; ⑨ Palpitation; ⑩ Other. If any of the above symptoms are experienced, please fill in the form using the corresponding number above; if not fill in "No".
 4. Fill in the travel route you take to leave and return to Beijing. If you leave Beijing, fill in the **province** city** district of your destination.
 5. In the symptom column of co-residents, if there are any symptoms to report, fill in the family relationship and symptoms. For example: "my father has ①." If not, fill in "No".

学生 Student						共居住人 Co-Resident		
日期 Date (mm dd)	健康情况 Health Status					行程轨迹 (出、返京情况) Travel trajectory (leave and/or return to Beijing)	症状 Symptoms	行程轨迹 (出、返京情况) Travel route (leave and/or return to Beijing)
	体温 (°C) Temperature	症状 Symptoms	患病就诊情况 Medical consultation					
			传染病名称 Name of infectious disease	就诊时间 Date of Treatment	诊断医疗机构 Diagnostic medical institution			
月 日								
月 日								
月 日								
月 日								
月 日								
月 日								
月 日								
月 日								
月 日								
月 日								
月 日								
月 日								
月 日								
月 日								

填表人承诺以上填报内容属实, 如有瞒报、漏报、迟报、谎报等, 愿意承担相关法律责任!
 The person who filled out the form promised that the content of the above report is true. If there is concealment, omission, delay, falsehood, etc., they are willing to bear relevant legal responsibilities!

学生签字: _____ 监护人签字: _____
 Student's Signature: _____ Guardian's Signature: _____