

北京市朝阳区学生返校前健康状况监测表

附件2

Health Monitoring Form of Students in Chaoyang District of Beijing before returning to school

学校名称:	姓名:	班级:	监护人电话:	备用电话:
Name of School:	Name:	Class:	Guardian Contact No.:	Backup Phone 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”。

Instructions for filling in the form: 1. The monitoring time is within 14 days before returning to school;
 2. The body temperature in this table is the temperature of the armpit.
 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; other
 If the above situation occurs, please fill in the serial number corresponding to the content in the corresponding form; if not fill in "No".

序号 No.	日期 Date M/D	体温 (°C) Temperature	症状 Symptoms	患病就诊情况 Medical consultation			同居住人身体状况 Physical condition of cohabitants	
				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	是否健康 If Healthy	其他情况 Other situation
1	月 日							
2	月 日							
3	月 日							
4	月 日							
5	月 日							
6	月 日							
7	月 日							
8	月 日							
9	月 日							
10	月 日							
11	月 日							
12	月 日							
13	月 日							
14	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: _____