附件1：

2023年春季学期学生健康监测登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | 性别 | | | |  | | | 健康状况 | | |  | |
| 系别 | |  | | | | 班级 | | | |  | | | 学号 | | |  | |
| 身份证号 | | |  | | | | | | | | 联系电话 | | | |  | | |
| 现家庭住所详细地址 | | | | |  | | | | | | | | | | | | |
| 健康监测记录 | | | | | | | | | | | | | | | | | |
| 日期 | 月 日 | | | 月 日 | | | 月 日 | | 月 日 | | | 月 日 | | 月 日 | | | 月 日 |
| 体温 |  | | |  | | |  | |  | | |  | |  | | |  |
| 是否有发热、干咳、乏力、咽痛等症状 |  | | |  | | |  | |  | | |  | |  | | |  |
| **申报事项** | | | | | | | | **核实** | | | | | | | | | |
| 体温（报到当天） | | | | | | | | **℃** | | | | | | | | | |
| 感染新冠病毒情况 | | | | | | | | **□已康复 □已感染未康复 □未感染**  是否重症：**□是 □否** | | | | | | | | | |
| 是否有基础疾病 | | | | | | | | **□是 □否** | | | | | | | | | |
| 是否接种过新冠疫苗加强针 | | | | | | | | **□是 □否** | | | | | | | | | |
| 是否走读 | | | | | | | | **□是 □否** | | | | | | | | | |
| **承诺：以上所填内容真实准确，如有不实，愿承担由此引起的一切后果。**  学生签字： 家长签字： | | | | | | | | | | | | | | | | | |

备注：1.请在“核实”栏内选项上打√； 2.本表于开学当天由各系收回，核查备案。