附件

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| 14天体温健康监测登记表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓名** | | | **性别** | **身份证号** | | | | | **联系电话** | | | | **详细住址** | | | | | | **开始时间** | | | **结束时间** | | | **备注** | | | |
|  | | |  |  | | | | |  | | | |  | | | | | |  | | |  | | |  | | | |
| **日期** |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
| **频次** | **体温** | **症状** | **体温** | **症状** | **体温** | **症状** | **体温** | **症状** | **体温** | **症状** | **体温** | **症状** | **体温** | **症状** | **体温** | **症状** | **体温** | **症状** | **体温** | **症状** | **体温** | **症状** | **体温** | **症状** | **体温** | **症状** | **体温** | **症状** |
| **早** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **晚** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 备注：“体温”填实测体温。症状包括：是否出现1.寒战、2.咳嗽、3.鼻塞、4.流涕、5.咽痛、6.头痛、7.乏力、8.肌肉酸痛、9.关节酸痛、10.气促、11.呼吸困难、12.胸闷、13.结膜充血（红眼）、14.恶心、15.呕吐、16.腹泻、17.腹痛、18.干咳、19.其他症状。有对应的症状在“症状”栏填写对应的序号，无对应症状填“×”。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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承诺

我承诺向疫情防控部门所提供的信息真实准确，没有隐瞒或遗漏。我严格执行隔离观察、核酸检测等疫规定，落实疫情防控措施。

如违反防疫规定，本人承担由此带来的后果。

承诺人： 时间： 年 月 日