附件2：疫情期间防控健康表（学生）

单位： 队伍编号：

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 班级 |  | 姓名 |  | | 性别 | |  | | 联系方式 |  |
| 身份证号 |  | | | | 目前居住地址 | | | |  | |
| 日期 | 上午体温（℃） | 下午体温（℃） | 身体状况 | | | | | | 今日活动轨迹（有无外出） | 外出（居住）地点 |
| 健康 | 发热 | 咳嗽 | 呼吸困难 | | 其他 |
| 10.18 |  |  |  |  |  |  | |  |  |  |
| 10.19 |  |  |  |  |  |  | |  |  |  |
| 10.20 |  |  |  |  |  |  | |  |  |  |
| 10.21 |  |  |  |  |  |  | |  |  |  |
| 10.22 |  |  |  |  |  |  | |  |  |  |
| 10.23 |  |  |  |  |  |  | |  |  |  |
| 10.24 |  |  |  |  |  |  | |  |  |  |

备注：身体状况再对应的栏下打“√”，外出活动轨迹和外出居住点必须填写。