附件2：

学生健康管理信息登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 电话号码 | | | |  | | | | | | | | 性别 | | |  | | | | |
| 身份证号 | |  | | | | | | | | | | | | 年龄 | | |  | | | | |
| 家庭住址 | |  | | | | | | | | | | | | 家庭人数 | | |  | | | | |
| 自何处返驻（汝） | |  | | | | | | | | | | | | | | | | | | | |
| 本人属于 | | 学 生 | | | | | | | | | | | | | | | | | | | |
| 疫苗接种种类 | | （ ）二针剂 （ ）三针剂 | | | | | | | | | | | | | | | | | | | |
| 疫苗接种日期 | | 第一针 | | |  | | | 第二针 | | |  | | | | | 第三针 | | | |  | |
| 自我  健康  监测  （近14天） | | 日期 | | 8.29 | | | 30 | | 31 | 9.1 | | 2 | 3 | | 4 | | | 5 | 66  6 | | 其他  症状 |
| 温度 | 上午 |  | | |  | |  |  | |  |  | |  | | |  |  | |  |
| 下午 |  | | |  | |  |  | |  |  | |  | | |  |  | |
| 日期 | | 7 | | | 8 | | 9 | 10 | | 11 | 12 | | 13 | | | 14 |  | |
| 温度 | 上午 |  | | |  | |  |  | |  |  | |  | | |  |  | |
| 下午 |  | | |  | |  |  | |  |  | |  | | |  |  | |

**备注：请按照个人14天自我监测情况及表格涉及内容如实填写。老生体温监测从8月29日填至9月11日,2021级新生从9月1日填至9月14日**

学生签字： 家长签字：

2021 年9月 日