**个人健康状况登记表**

**姓名： 身份证号： 家长签名：**

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| 日期 | 体温 | 有无咳嗽、发热等呼吸道症状 | 有无呕吐、腹泻等消化道症状 | 有无其他身体不适症状 | 有无境外或国内中高风地区人士接触史 | 有无确诊、疑似病例以及无症状感染者接触史 | 其他需要说明的情况 | **本人签名** |
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