附件2：

校外托管机构人员健康登记表

**机构名称： 登记日期： 填表人：**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 职业（学生/工作人员） | 就读学校 | 年级/班级 | 主要症状：在对应症状栏打“√”，如有发热（≥37.3℃）应同时记录体温值，如有其他症状需填明具体症状. |
| 发热（℃） | 咳嗽 | 腹泻 | 乏力 | 其他 |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |