**2021年秋季开学永州师范高等专科学校师生自我健康状况监测记录表**

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| 姓名 | | |  | | | | 教职员工  或学生 | | | | |  | | | | | | 性别 | | |  | | | | 班级 | | | |  | |
| 住址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 假期是否前往境外或国内疫情中高风险地区 | | | | | | | |  | | | 前往  时间 | | | | | | |  | | | 返回  时间 | | | |  | | | | | |
| 假期是否接触过确诊或  疑似病例 | | | | | | | |  | | | 接触时间 | | | | | | |  | | | 是否  隔离期满 | | | |  | | | | | |
| 假期是否与疫情中高风险地区返永人员密切接触 | | | | | | | | | | | | | | | | | |  | | | 接触  时间 | | | |  | | | | | |
| 本人是否为确诊病例 | | | | | | | |  | | | | | | | | | | 本人是否为疑似病例 | | | | | | |  | | | | | |
| 当前是否健康 | | | |  | | | | 体温是否正常 | | | | | | |  | | | | | | 其他  症状 | | | |  | | | | | |
| 是否接种了  新冠疫苗  （教职员工和15周岁以上学生填写） | | | |  | | | | 完成接种  疫苗时间  （教职员工和15周岁以上学生填写） | | | | | | |  | | | | 未接种疫苗的禁忌症说明（教职员工和15周岁以上学生填写） | | | | | |  | | | | | |
| 开学前14天体温监测记录（逐日记录体温状况） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 日期 |  |  | | |  |  | | |  | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  |
| 体温 |  |  | | |  |  | | |  | |  | | |  | | |  | | |  | |  | |  | |  | |  | |  |
| 家庭其他成员健康状况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名及关系 | | | | | 假期是否前往疫情敏感地区 | | | | | 假期是否接触过确诊或疑似病例 | | | | | | 是否为  确诊病例 | | | | | | | 是否为  疑似病例 | | | | 是否完成  新冠疫苗  接种 | | | |
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| 填报人签名 | | | | |  | | | | | | | | 填报日期 | | | | | | | | | | | |  | | | | | |

注：1.疫情中高风险地区根据当日国家政务服务平台提供的信息为准；2.体温高于37.2度为不正常；

3.教职员工和学生（家长）须如实填写并对所填内容真实性负责，在开学报到时交学校存档。