**附件**

**2022年上半年教师资格考试（面试）永州师范高等专科学校考点工作人员自我健康状况监测记录表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 出生年月 | | | | |  | | | | 性别 | |  | | 所属学校 | |  |
| 住址 |  | | | | | | | | | | | | | | | | | | |
| 14天前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 | |  | | |
| 14天前是否接触过确诊或  疑似病例 | | | | | |  | | 接触时间 | | | | |  | | 是否  隔离期满 | |  | | |
| 本人身份证号码 | | | | |  | | | | | | | | | | 联系电话 | |  | | |
| 是否为确诊或疑似病例 | | | | | |  | | | | | | | 健康码、行程码情况 | | | |  | | |
| 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 | |  | | | | 完成全程接种  疫苗时间 | | | | |  | | | 未接种疫苗的禁忌症说明 | | |  | | |
| 考试前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 | | | 14天前是否前往疫情敏感地区 | | | | 14天前是否接触过确诊或疑似病例 | | | | | 是否为确诊或疑似病例 | | | | 健康码、行程码情况 | | 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37.3摄氏度为不正常；

3.如实填写并对所填内容真实性负责，此表上交后由考点存档。