**自我健康监测记录表**

**姓名：\_\_\_\_\_\_\_ 联系电话：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| 监测日期 | 健康码①红码②黄码③绿码 | 早体温 | 晚体温 | 是否有以下症状①发热②乏力③咳嗽或打喷嚏④咽痛⑤腹泻⑥呕吐⑦黄疸⑧皮疹⑨结膜充血⑩都没有 | 如出现以上所列现症状，是否排除疑似传染病①是②否 |
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**单位负责人：\_\_\_\_\_\_\_\_ 联系电话：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期：\_\_\_\_年\_\_\_\_月\_\_\_\_日**