附件

参建人员日常健康状况监测登记表

姓名： 性别： 岗位：

|  |  |  |  |
| --- | --- | --- | --- |
| 日期 | 是否具有发热、干咳、乏力、咽痛、嗅 （味）觉减退、鼻塞、流涕、结膜炎、肌痛和腹泻等症状 | 体温 | |
| 上午 | 下午 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |