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：**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
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