附件2:

体温监测表（自资格审核前14天起）

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 天数 | 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、味觉和嗅觉减退③咳嗽或打喷嚏④咽痛⑤腹泻、呕吐⑥黄疸⑦皮疹⑧结膜充血⑨都没有 | 如出现以上所列症状，是否为疑似传染病①是②否 |
| 1 | 6.19 |  |  |  |  |  |
| 2 | 6.20 |  |  |  |  |  |
| 3 | 6.21 |  |  |  |  |  |
| 4 | 6.22 |  |  |  |  |  |
| 5 | 6.23 |  |  |  |  |  |
| 6 | 6.24 |  |  |  |  |  |
| 7 | 6.25 |  |  |  |  |  |
| 8 | 6.26 |  |  |  |  |  |
| 9 | 6.27 |  |  |  |  |  |
| 10 | 6.28 |  |  |  |  |  |
| 11 | 6.29 |  |  |  |  |  |
| 12 | 6.30 |  |  |  |  |  |
| 13 | 7.1 |  |  |  |  |  |
| 14 | 7.2 |  |  |  |  |  |