健康状况管理个人台账

姓名： 所在社区： 电话：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 日以前活动情况 | 本人是否在过去14天停留、途径中高风险地区或者其他国家旅行史？ | | | 本人是否同前14天内从中高风险地区或其他国家归来人员归来人员有过密切接触？ | | | | | 本人是否有发热情况？ | | 本人是否有轻度咳嗽、乏力腹泻、呼吸不畅等情况或您密切接触者有此情况？ | | | |
|  | | |  | | | | |  | |  | | | |
| 个人对以上情况承诺： | | | | | | | | | | | | | |
| 日期 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 早间温度 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 午间温度 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 当日活动情况与地点 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

收集人:

日期：