山西省河东中医少儿推拿学校教职工、学生每日健康状况监测表

科室（班级）： 姓名：

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| --- | --- | --- | --- | --- | --- | --- |
| 时间 | 发热 | 咳嗽 | 流清涕 | 咽痛 | 头疼 | 全身不适 |
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| 备注 | 本表用于教职工、学生日常身体健康状况监测，正常的填写：“无”。如果有疑似状况的请如实填写“是”。 |