附件2

健康监测管理对象居家医学观察登记表

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| 编号 | 姓名 | 性别 | 年龄 | 现住址 | 入邵时间 | 开始观察日期 | 临床表现 | | | | | | | | | | | | | | | | | | | | |
| 体温（℃） | | | | | | | 咳嗽 | | | | | | | 气促 | | | | | | |
| 第1天 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
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注：“是否出现以下临床表现”中出现“咳嗽”、“气促”打√，否则打×；“体温”填实测温度。

填表单位： 填表人: 填表日期： 年 月