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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2020 年新冠肺炎防控健康卡 （5月29日至5月18日）** | | | | | | | | | |
| **学生姓名：** | | | | | | | | | |
| 时间 | 体温是否正常 | 本人身体健康状况 | 同居住家庭成员身体健康状况 | | | | 本人及同住家庭成是否前往湖北、黑龙江或从湖北、黑龙江返回  （时间、地点） | 本人及同住家庭成员是否接触确诊病例或疑似病例（时间、地点） | 本人及同住家庭成员是否接触接触过国（境）外人员  （时间、地点） |
| 父亲 | 母亲 | 兄弟姐妹 | 其他成员 |
| 5.29 |  |  |  |  |  |  |  |  |  |
| 5.30 |  |  |  |  |  |  |  |  |  |
| 5.31 |  |  |  |  |  |  |  |  |  |
| 6.1 |  |  |  |  |  |  |  |  |  |
| 6.2 |  |  |  |  |  |  |  |  |  |
| 6.3 |  |  |  |  |  |  |  |  |  |
| 6.4 |  |  |  |  |  |  |  |  |  |
| 6.5 |  |  |  |  |  |  |  |  |  |
| 6.6 |  |  |  |  |  |  |  |  |  |
| 6.7 |  |  |  |  |  |  |  |  |  |
| 6.8 |  |  |  |  |  |  |  |  |  |
| 6.9 |  |  |  |  |  |  |  |  |  |
| 6.10 |  |  |  |  |  |  |  |  |  |
| 6.11 |  |  |  |  |  |  |  |  |  |
| 6.12 |  |  |  |  |  |  |  |  |  |
| 6.13 |  |  |  |  |  |  |  |  |  |
| 6.14 |  |  |  |  |  |  |  |  |  |
| 6.15 |  |  |  |  |  |  |  |  |  |
| 6.16 |  |  |  |  |  |  |  |  |  |
| 6.17 |  |  |  |  |  |  |  |  |  |
| 6.18 |  |  |  |  |  |  |  |  |  |
| 我郑重承诺我所登记的健康情况真实有效，没有任何隐瞒，若有不实，愿意承担相关法律责任。 **家长（签名）：** | | | | | | | | | |

备注:此将此表打印按实填写后，由家长签名，报到时请学院。