**自我健康状况监测表**

**Personal Health Monitoring Form**

姓名Name：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_，护照号Passport No.：\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **5天** 5 Days | **日期** Date | **体温** Body Temperature | **是否与核酸阳性人员有过近距离接触** Have you been in close contact with anyone who has been tested positive for nucleic acid? | **是否有发热、乏力、呼吸道不适等疑似症状** Do you have any suspected symptoms of infection such as fever, fatigue or respiratory discomfort? | **是否服用退烧药、感冒药等药物** Have you taken any medicine for fever or cold, etc.? |
| 第1天 Day 1 |  |  | 是Yes□ 否No□ | 是Yes□ 否No□ | 是Yes□ 否No□ |
| 第2天 Day 2 |  |  | 是Yes□ 否No□ | 是Yes□ 否No□ | 是Yes□ 否No□ |
| 第3天 Day 3 |  |  | 是Yes□ 否No□ | 是Yes□ 否No□ | 是Yes□ 否No□ |
| 第4天 Day 4 |  |  | 是Yes□ 否No□ | 是Yes□ 否No□ | 是Yes□ 否No□ |
| 第5天 Day 5 |  |  | 是Yes□ 否No□ | 是Yes□ 否No□ | 是Yes□ 否No□ |

**本人保证以上填写信息真实、准确、完整，并知悉我将承担瞒报的法律后果。**I hereby declare that the information provided above is true, accurate and complete, and I am aware of the legal consequences in the case of partial or false disclosures.

**本人签名Signature：\_\_\_\_\_\_ 联系电话Telephone Number：\_\_\_\_\_\_\_\_\_\_\_\_\_**