自我健康状况监测表

Personal Health Monitoring Form

姓名Name： 护照号Passport No.：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **7天**7Days | **日期**Date | **体温**BodyTemperature | **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 |  |  |  |  |  |
| 第2天Day 2 |  |  |  |  |  |
| 第3天Day 3 |  |  |  |  |  |
| 第4天Day 4 |  |  |  |  |  |
| 第5天Day 5 |  |  |  |  |  |
| 第6天Day 6 |  |  |  |  |  |
| 第7天Day 7 |  |  |  |  |  |

**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:**