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**  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 |  |  |  |  |  |
| 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:**