福州职业技术学院

服务人员新型冠状病毒感染观察管理登记表

□密切接触者 □一般接触者 □来闽人员 姓名： 联系电话： 观察日期：

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| 序号 | 姓名 | 性别 | 年龄 | 现住址 | 开始观察日期 | 临床表现 | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  |  | 体温（摄氏度） | | | | | | | 干嗽 | | | | | | | 其他 | | | | | | |
|  |  |  |  |  |  | 1 | 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：本表适用于福州职业技术学院服务人员观察管理登记使用；

以上数据由医务室进行复核。

填表单位： 填表人： 医务室复核人员： 填表日期：