

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、 呼吸困难、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: _____