附件3

教职员工身体健康晨（午）检记录单

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| 日期 | 教职工姓名： | | | 共同居住人姓名： | | | 共同居住人姓名： | | | 共同居住人姓名： | | |
| 体温 | 有无疑似  症状 | 有无接触确诊疑似人员 | 体温 | 有无疑似  症状 | 有无接触确诊疑似人员 | 体温 | 有无疑似症状 | 有无接触确  诊疑似人员 | 体温 | 有无疑似症状 | 有无接触确  诊疑似人员 |
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**注：本表可手绘，同行人员多于三人时可自行追加。**