南通大学附属中学师生疫情防控健康登记“一人一档”表

（一式两份：一份交年级部、一份交校医室存档）

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| **班 级** | | |  | **姓名** | |  | **性别** | | |  | | | | 照  片 | |
| **籍贯** | | |  | | | | **疫苗接种**  **情况** | | | 已接种（ ）针 | | | |
| **身份证号** | | |  | | | | **联系方式** | | |  | | | |
| **现住地址**  **（街道、社区、小区）** | | | | |  | | | | | | | | | | |
| **户籍所在地址** | | | | |  | | | | | | | | | | |
| **14天以来是否有**  **离开南通经历** | | | | |  | | **假期前往地点**  **（省、市、县、乡镇、村社区）** | | |  | | | | | |
| **请假** | **离通日期** | | | |  | | **返通日期** | | |  | | **停留**  **天数** | | |  |
| **往返所乘交通工具** | | **去程** | |  | | **车次/航班/车牌号等** | | | |  | | | | |
| **返程** | |  | | **车次/航班/车牌号等** | | | |  | | | | |
| **同行人数** | |  | | **同行人员姓名** | |  | | | | | | | | |
| **班主任**  **签字** | | | **年 月 日** | | | | **年级部审核** | **年 月 日** | | | | | | | |
| **校长室**  **审批** | | | **年 月 日** | | | | | | | | | | | | |
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| **销假** | | **返程中途停留地点** | | |  | | | | | | | | | | |
| **是否途径中高风险地区** | | |  | | | | **停留时长** | | | |  | | |
| **外地返回后是否**  **采取相关措施**  （隔离观察起止日期、地点） | | |  | | | | **是否进行落地**  **核酸检测** | | | |  | | |
| **目前是否有发烧/咳嗽/胸闷等不适症状** | | |  | | | | | | | | | | |
| **本人签字确认** | | | | | **年 月 日** | | | | | | | | | | |