**上饶职业技术学院健康检测表**

学生姓名: 班级： 联系电话：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 日期 | 早上体温 | 中午体温 | 晚上体温 | 是否有  咳嗽等  身体异  常情况 | 填表人签名 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

本人保证填写内容真实、准确无误，如填写内容隐瞒，造成不良后果，由本人及监护人承担一切责任。

本人或监护人签名：