

## 学生健康情况登记表 | Student Health Status Record

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| 学生姓名 Student name  | 学号 Student Number             |                                |  |
| 班级 Class   | 监护人电话 Guardian phone          |                                |  |
| 近14天内是否接触了确诊患者或疑似患者<br>If had intimate contact with confirmed or suspected COVID-19 cases within past 14 days.   | 否 No <input type="checkbox"/> | 是 Yes <input type="checkbox"/> |  |
| 开学前14日有无以下症状：发热 咳嗽 流涕 咽痛 胸痛 肌肉酸痛 关节痛 气促 腹泻 呕吐 乏力<br>If had symptoms within past 14 days such as fever, coughing, runny nose, sore throat, chest pain, muscle soreness, joint pain, shortness of breath, diarrhea, vomiting and fatigue | 否 No <input type="checkbox"/> | 是 Yes <input type="checkbox"/> |  |

### 返校前14天体温记录 | Daily temperature within past 14 days ( degree centigrade) a normal temperature should be lower than 37.2 °C

| Day 天数      | Date 日期 | Temperature 体温 (°C) | Whether family members are all healthy? 家人身体是否健康 (Y/N) |
|-------------|---------|---------------------|--|
| 第一天 Day 1   | 18-May  |                     |  |
| 第二天 Day 2   | 19-May  |                     |  |
| 第三天 Day 3   | 20-May  |                     |  |
| 第四天 Day 4   | 21-May  |                     |  |
| 第五天 Day 5   | 22-May  |                     |  |
| 第六天 Day 6   | 23-May  |                     |  |
| 第七天 Day 7   | 24-May  |                     |  |
| 第八天 Day 8   | 25-May  |                     |  |
| 第九天 Day 9   | 26-May  |                     |  |
| 第十天 Day 10  | 27-May  |                     |  |
| 第十一天 Day 11 | 28-May  |                     |  |
| 第十二天 Day 12 | 29-May  |                     |  |
| 第十三天 Day 13 | 30-May  |                     |  |
| 第十四天 Day 14 | 31-May  |                     |  |
| 第十五天 Day 15 | 1-Jun   |                     |  |

此表格在学生返校时需要提交。如果学生或家人有发热、呼吸道感染症状或未能完成14天体温监测的情况则不能进入校园。  
This record will need submitting on **the first day** when/if you enter campus. Access to campus will not be permitted if student or family member has a fever, symptoms of a respiratory infection, or has not completed the 14-day temperature monitor.

本人在以下签名确认，本人明白本人必须遵守的校规，且记录内容真实、准确、完整。  
By my signature below, I confirm that I understand the campus rules I must follow, and the content of the record is real, accurate and complete.

学生签字/Student Signature

监护人签字/Guardian Signature