

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 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 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	25-May		
第二天 Day 2	26-May		
第三天 Day 3	27-May		
第四天 Day 4	28-May		
第五天 Day 5	29-May		
第六天 Day 6	30-May		
第七天 Day 7	31-May		
第八天 Day 8	1-Jun		
第九天 Day 9	2-Jun		
第十天 Day 10	3-Jun		
第十一天 Day 11	4-Jun		
第十二天 Day 12	5-Jun		
第十三天 Day 13	6-Jun		
第十四天 Day 14	7-Jun		
第十五天 Day 15	8-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