附件1

**专业考试近14天健康状况监测表**

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| 姓名 |  | | 证件号码 | | |  | | |
| 健　　康　　状　　况　　记　　录 | | | | | | | | |
| 日期 | 早（9:00） | | | | 晚（21:00） | | | |
| 体温 | | | 症状 | 体温 | | | 症状 |
| ＜37.3°C | ≥37.3°C | | ＜37.3°C | | ≥37.3°C |
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注：

1．参考人员（专业考试前14天）必须按表列项目要求测量体温，并如实填写,参加专业考试时，须把健康状况监测表和健康状况承诺书交给工作人员。

**2.“体温”填水银温度计腋下温度**；症状填写相应情况：包括寒战、咳嗽、咳痰、咽痛、打喷嚏、流涕、鼻塞、头痛、乏力、肌肉酸痛、关节酸痛、气促、呼吸困难、胸闷、结膜充血、恶心、呕吐、腹泻、腹痛、皮疹、黄疸等或无。