附件 3

**新型冠状病毒感染的肺炎病例密切接触者医学观察登记表**

□疑似 □确诊 □感染者 病例姓名： 联系电话： 发病日期：

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| 编号 | 姓名 | 性别 | 年龄 | 现住址 | 开始观察日期 | 临床表现 | | | | | | | | | | | | | | | | | | | | |
| 体温（℃） | | | | | | | 干嗽 | | | | | | | 其他 | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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注：1、本表适用于新型冠状病毒感染的肺炎病例和感染者密切接触者进行医学观察的卫生人员使用。

2、“是否出现以下临床表现” 中，“体温”填实测温度，出现“咳嗽” 打“√”，否则打“×”；其他症状填写相应代码①寒战②咳痰③鼻塞④流涕⑤咽痛⑥头痛⑦乏力⑧肌肉酸痛⑨关节酸痛⑩气促呼吸困难⑪胸闷⑫结膜充血⑬恶心⑭呕吐⑮腹泻⑯腹痛

填表单位： 填表人： 填表日期： 年 月 日