

附件 4

健康状况信息登记表

INFORMATION OF PERSONAL HEALTH CONDITION

年 YEAR 月 MONTH 日 DAY

姓名 NAME:	性别 GENDER: <input type="checkbox"/> 男 MALE <input type="checkbox"/> 女 FEMALE	年龄 AGE:
学校名称 NAME OF INSTITUTION:	年级(学生)YEAR OF COLLEGE (FOR STUDENTS):	班级 / 院系 (部 门) CLASS/DEPARTMENT (DIVISION):
国籍 NATIONALITY:	身份证号/护照号 ID NO. /PASSPORT NO.:	
在沪居住(暂住)地址 RESIDENCE (TEMPORARY) ADDRESS IN SHANGHAI:		
户籍地址 HOUSEHOLD REGISTRATION ADDRESS:		
电话(自己) YOUR OWN PHONE NO.:	监护人/紧急联系人电话 PHONE NO. OF GUARDIAN OR EMERGENCY CONTACT PERSON:	
寒假期间是否离沪 DID YOU LEAVE SHANGHAI DURING WINTER VACATION: <input type="checkbox"/> 是 YES <input type="checkbox"/> 否 NO (若选“否”跳 转至体温 GO TO “BODY TEMPERATURE” IF YOU CHOOSE NO)	目的地 DESTINATION:	
返程日期 DATE OF RETURN: 年 YEAR 月 MONTH 日 DAY	交通方式 FORM OF TRAVEL: <input type="checkbox"/> 飞机(班次) AIRCRAFT (FLIGHT NO.) <input type="checkbox"/> 火车(车次) TRAIN (TRAIN NO.) <input type="checkbox"/> 汽车(几点发车?) COACH (TIME OF DEPARTURE) <input type="checkbox"/> 自驾 SELF-DRIVING <input type="checkbox"/> 其它 OTHERS	
返程是否经过湖北 DID YOU RETURN VIA HUBEI PROVINCE: <input type="checkbox"/> 是, 具体地点为 YES, PLEASE SPECIFY THE LOCATION : ----- <input type="checkbox"/> 否 NO		

同行人员姓名及联系方式 NAMES AND CONTACT INFO OF FELLOW TRAVELERS:

体温 BODY TEMPERATURE: ℃

本人抵达上海前 14 天

FOURTEEN DAYS PRIOR TO MY ARRIVAL IN SHANGHAI, I:

居住/途径湖北省武汉市 (日期:), 或赴湖北省武汉市旅游 (日期:)

STAYED IN/PASSED WUHAN, HUBEI PROVINCE (DATE:), OR VISITED WUHAN, HUBEI PROVINCE FOR SIGHTSEEING (DATE:).

居住/途径湖北省 (除武汉市) (日期:), 或赴湖北省 (除武汉市) 旅游 (日期:)

STAYED IN/PASSED HUBEI PROVINCE (EXCL. WUHAN) (DATE:), OR VISITED HUBEI PROVINCE (EXCL. WUHAN) FOR SIGHTSEEING (DATE:).

近距离接触过来自湖北省 (尤其武汉市) 的发热伴有呼吸道症状患者 (日期:)

WAS IN CLOSE CONTACT WITH A PATIENT FROM HUBEI PROVINCE, ESP. WUHAN WITH A FEVER AND RESPIRATORY SYMPTOMS.

近距离接触过新型冠状病毒肺炎疑似/确诊患者 (日期:)

WAS IN CLOSE CONTACT WITH A PATIENT WITH CONFIRMED/SUSPECTED NOVEL CORONAVIRUS PNEUMONIA (DATE:).

居住/途径外地 (除湖北省) (日期:), 或赴外地 (除湖北省) 旅游 (日期:)

STAYED IN/PASSED ANOTHER REGION (EXCL. HUBEI PROVINCE), OR VISITED ANOTHER REGION (EXCL. HUBEI PROVINCE) FOR SIGHTSEEING (DATE:).

其他特别情况 (日期:)

HAD OTHER SPECIAL CIRCUMSTANCES (DATE:).

无上述情形

HAD NONE OF THE ABOVE CIRCUMSTANCES.

本人目前健康状况 CURRENT HEALTH CONDITION:

发热 FEVER 咳嗽 COUGHS 流涕 SNOTTY NOSE 咽痛 SORE THROAT 咳痰

PHLEGM 胸痛 CHEST PAINS 肌肉酸痛/关节痛 SORE MUSCLES/PAINFUL JOINTS

气促 SHORTNESS OF BREATH 腹泻 DIARRHEA

无上述异常症状 NONE OF THE ABOVE UNUSUAL SYMPTOMS

本人承诺以上提供的资料真实准确。如有不实, 本人愿承担由此引起的一切后果及法律责任。

I PROMISE THAT ALL THE ABOVE INFORMATION IS TRUE AND ACCURATE. IN CASE OF ANYTHING FALSE, I AM WILLING TO BEAR ALL THE CONSEQUENCES AND LEGAL LIABILITIES THEREFROM.

填报人 NAME: ----- 填报日期 DATE: -----