附件：

**居家隔离14天无异常记录卡**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 姓名 | 单位（员工）学院班级（学生） | 居家隔离日期 | 天数 | 身体健康状况 | 备注 |
|  |  | 2020-2-6 | 1 |  |  |
|  |  |  | 2 |  |  |
|  |  |  | 3 |  |  |
|  |  |  | 4 |  |  |
|  |  |  | 5 |  |  |
|  |  |  | 6 |  |  |
|  |  |  | 7 |  |  |
|  |  |  | 8 |  |  |
|  |  |  | 9 |  |  |
|  |  |  | 10 |  |  |
|  |  |  | 11 |  |  |
|  |  |  | 12 |  |  |
|  |  |  | 13 |  |  |
|  |  |  | 14 |  |  |

旁证人签字（职工）： 家长签字（学生）：

 日期：2020年 月 日