附件

**居家健康监测表**

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| 姓名 | 体温 | 症状 |
| 月 日 | 月 日 | 月 日 | 月 日 | 月 日 | 月 日 | 月 日 | 干咳 | 咽痛 | 嗅（味）觉减退 | 腹泻 |
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