附件2

《因病缺勤病因追查病情追踪登记表》

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 学院病缺勤病因追查病情追踪登记表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **时间： 年 月 日 追踪人： 联系电话 学院** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **序号** | **班级** | **姓名** | **联系电话** | **症状** | **症状出现日期** | **请假**  **日期** | **病因追查** | | **病情追踪** | | | | | | | | | | | | | | | | | | **后续** | | |
| **病症**  **名称** | **诊断医院** | **第1天** | **第2天** | **第3天** | **第4天** | **第5天** | **第6天** | **第7天** | **第8天** | **第9天** | **第10天** | **第11天** | **第12天** | **第13天** | **第14天** | **第15天** | **第16天** | **第17天** | **第18天** | **治愈时间** | **证明机构名称** | **备注** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **注意：1.按照“谁的人 谁负责”，立体化治理，扁平化运行，完善传染病防控工作方案和应急处置方案。**  **2.落实传染病疫情报告制度、因病缺勤病因追查、病情追踪登记制度、复课证明查验制度等要求和防控措施**  **3.凡传染斌须注意保存资料，注意信息保密。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |