**幼儿园每日上报疑似或确诊病例情况表**

填写注意事项：编号请自行添加，如有其他情况请在备注中注明。是教职工或者学生的填写“1”。示例：如张某是教师，在教职工位置填写“1”，如该人是学生，则在学生位置“1”。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 日期 | 学校名称 | 姓名 | 性别 | 年龄 | 住址 | 联系方式 | 处置情况 | 治疗医疗机构名称 | 行程史 | 接触过的人员 | 接触过的人员有无症状 | 疑似人员请填写隔离情况 | 确诊人员请填写诊疗情况 | 备注 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

填报日期: 填报人: 审核人: