**（比赛名）**赛前14天健康信息登记表

| **队 名：** | **D1~D14对应赛前14天（D14为报到前一天），下方请填写具体日期，格式为“mm/dd”** |
| --- | --- |
| **序****号** | **队内****职务** | **姓 名** | **二代身份证号码** | **手 机** | **每日体温/有无发热、乏力、干咳、腹泻等症状** |
| **D1** | **D2** | **D3** | **D4** | **D5** | **D6** | **D7** | **D8** | **D9** | **D10** | **D11** | **D12** | **D13** | **D14** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1** |  | 示例 |  |  | 36.5无 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |