附件7 111年全大運自主健康檢核表

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| 種類/科目: 縣市: 領隊: 教練: | | | | | | | | | | | | | |
| 連絡電話: 住宿地址: | | | | | | | | | | | | | |
| 自主健康管理表為每日評估自我的健康狀態，若有符合下述情況請打勾。 發燒:耳溫≥38℃，額溫≥37.5℃ | | | | | | | | | | | | | |
| **若出現2種症狀以上，請勿進入場館，由現場醫護人員評估是否應就醫** | | | | | | | | | | | | | |
| 日期 | 身分 | 姓名 | 體溫  (℃) | 有無下列症狀 | | | | | | | | | |
| 1.領隊 2.教練 3.管理 4.運動員 5.其他 | 發  燒  ≧  38  ℃ | 頭  痛 | 呼  吸  急  促 | 鼻  塞  、  流  鼻  水 | 咳  嗽 | 疲  勞  、  全  身  無  力 | 肌  肉  痠  痛 | 腹  痛  、  腹  瀉 | 噁  心 | 嗅  覺  、  味  覺  異  常 |
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| ※避免群聚，戴口罩勤洗手，保護自己保護別人。「有呼吸道症狀時，請盡速就醫」。 | | | | | | | | | | | | | |