**特种设备无损检测人员14日体温自测记录**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 性别 |  | | |
| 身份证号 | |  | | | 联系方式 |  | | |
| 居住地址 | |  | | | | | | |
| 序号 | 记录日期 | | 体温记录 | 身体状态是否异常 | | | 异常状态记录 | 备注 |
| 1 |  | |  | 是☐ 否☐ | | |  |  |
| 2 |  | |  | 是☐ 否☐ | | |  |  |
| 3 |  | |  | 是☐ 否☐ | | |  |  |
| 4 |  | |  | 是☐ 否☐ | | |  |  |
| 5 |  | |  | 是☐ 否☐ | | |  |  |
| 6 |  | |  | 是☐ 否☐ | | |  |  |
| 7 |  | |  | 是☐ 否☐ | | |  |  |
| 8 |  | |  | 是☐ 否☐ | | |  |  |
| 9 |  | |  | 是☐ 否☐ | | |  |  |
| 10 |  | |  | 是☐ 否☐ | | |  |  |
| 11 |  | |  | 是☐ 否☐ | | |  |  |
| 12 |  | |  | 是☐ 否☐ | | |  |  |
| 13 |  | |  | 是☐ 否☐ | | |  |  |
| 14 |  | |  | 是☐ 否☐ | | |  |  |
| **以上填写的内容真实有效，对自己填写的内容承担法律责任。** | | | | | | | | |
| **承诺人（签字）：**  **承诺时间： 年 月 日** | | | | | | | | |

注：身体异常状态是指发热、干咳、乏力、鼻塞、流涕、咽痛、腹泻等症状