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| **姓 名** | **病 況 追 蹤**  **【紀錄體溫、就醫醫院及電話、**  **有無服用克流感藥物】** | **快 篩**  **【陽性、陰性或沒做】** | **在家發病**  **【打勾、或寫日期】** | **在校發病**  **【打勾】** | **隔離日期**  **【醫師需要病患隔離到幾號】** |
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**班級： 學生生病每日通報單 日期： 年 月 日**