|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **健康観察チェックリスト** | | | | | |  |  |  |  |  |  | **福井県立大学** | |
|  | ※毎日検温してください。　（記録をお願いします。） | | | | | | | | | 学籍番号 | | | |
|  | ※該当する症状がある場合はチェックをしてください。○印 | | | | | | | | |  | 氏　　名 | |  |
|  | | | **年** | **月** |  |  |  |  |  |  |  |  |  |
| 日 | | 曜日 | 体温 | | 呼吸器症状 | | | 呼吸器以外の症状 | | | | 味覚異常 においが  わからない | その他 |
| 朝 | 夕 | 咳 | 息苦 しい | 咽頭痛 | 倦怠感 | 関節痛　　　　　　　　　　　　　　筋肉痛 | 嘔吐　　下痢 | 頭痛 |
| 1 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 2 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 3 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 4 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 5 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 6 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 7 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 8 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 9 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 10 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 11 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 12 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 13 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 14 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 15 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 16 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 17 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 18 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 19 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 20 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 21 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 22 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 23 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 24 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 25 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 26 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 27 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 28 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 29 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 30 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |
| 31 | |  | ℃ | ℃ |  |  |  |  |  |  |  |  |  |