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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 滨江豪园幼儿园幼儿因病缺课情况登记表 | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 日期 | 班级 | 姓名 | 性别 | | 因病缺课原因 | | | | | | | | | | | 因病缺课的名称 | | | 就医情况 | | | | 填表人 |
| 男 | 女 | 发热 | 咳嗽 | 头疼 | 咽痛 | 腹痛 | 腹泻 | 呕吐 | 红眼 | 皮疹 | 受伤 | 其它 | 确诊疾病 | 可疑疾病 | 未定 | 在家 | 门诊 | 住院 | 就诊医院 |
| 1 | 9.4 | 中2班 | 任思婷 |  | √ | √ |  |  |  |  |  |  |  |  |  |  | 2 |  |  |  | √ |  | 鼎武医院 | 刘丽丽 |
| 2 | 9.7 | 中2班 | 任思婷 |  | √ |  |  |  |  |  |  |  |  |  |  | √ | 2 |  |  | √ |  |  |  | 刘丽丽 |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 备注：1.填写性别、因病缺课原因和就医情况、其他缺勤原因时在要选择的栏内打勾。 2.因病缺课疾病名称填写以下代码：1原因不明疾病 2感冒 3气管炎肺炎 4水痘 5风疹 6麻疹 7腮腺炎 8胃肠道疾病 9心脏病 10眼病 11牙病 12耳鼻喉疾病 13泌尿系疾病 14神经衰弱 15意外伤害 16结核 17肝炎 18手足口病 19其他传染病。 | | | | | | | | | | | | | | | | | | | | | | | | |