附件1：

上海建桥学院2020年疫情防控期间开展毕业实习学生情况日报表

二级学院： 填报人： 联系电话： 填报日期 ：

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 学号 | 学生姓名 | 专业班级 | 学生联系电话 | 实习单位名称 | 实习单位详细地址 | 实习单位联系人 | 单位联系人电话 | 实习生当前所在地 | 实习生身体状况 | 有无接触感染者史 | 备注 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |

注： “实习生身体状况”填“正常”、“疑似病例”、“确诊病例”。