**体調管理チェックシート**

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| **部署名** |  | **人数** |  | 名 | **責任者** |  | **所属長** |  |

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| **社員ＩＤ** | **氏名** | **年　　　月　　　日** | | | | | | | | **年　　　月　　　日** | | | | | | | |
| **体温** | **下記の症状がある場合○印をつける** | | | | | | | **体温** | **下記の症状がある場合○印をつける** | | | | | | |
| **咳** | **痰** | **鼻水** | **味覚異常** | **嗅覚異常** | **だるさ** | **息苦しさ** | **咳** | **痰** | **鼻水** | **味覚異常** | **嗅覚異常** | **だるさ** | **息苦しさ** |
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