**休閒娛樂營業場所健康監測紀錄表**

**場所地址:110年度 月**

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| **人員姓名** | **上班日期** | **量測體溫(℃)** | **下班日期** | **量測體溫(℃)** | **是否有上呼吸道、腹瀉及嗅(味)覺異常症狀** |
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**※欄位不足者，請自行新增調整。**