 REGISTRO DE INGRESO SANITARIO

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| N° | Nombre | Rut | Edad | Pertenece a la Comunidad Educativa:  (funcionario/a, Alumno/a, Apoderado/a) u otro. | Tuvo contacto con una persona  enferma de coronavirus | | Actualmente tiene alguno de estos síntomas: (marcar con una X)  1.Tos   1. Dolor de Garganta 2. Secreción Nasal 3. Dolor Muscular 4. Dificultad respiratoria | | | | | Temperatura | Apto para Ingresar | |
| SI | NO | 1 | 2 | 3 | 4 | 5 | SI | NO |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nombre Responsable: Fecha: Firma: | | | | | | | | | | | | |  | |