西安医学院学生因病缺课登记表

 辅导员姓名： 辅导员电话：

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| 序号 | 姓 名 | 性别 | 年龄 | 院 系班 级 | 宿 舍 | 联系电话 | 发 病日 期 | 就 诊日 期 | 就 诊医 院 | 主 要症 状 | 体 温℃ | 诊 断 | 处置（门诊、住院或家庭治疗） | 缺勤天数 | 备注 |
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 填表时间：