考生防疫信息表

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| 姓名 | |  | | 性别 | |  | 身份证号 | |  | | | |
| 毕业院校  及专业 | |  | | | | | 联系方式（手机） | |  | | | |
| 体测前14天内  途径或停留城市 | | | | |  | | | | | | | |
| 体测前14天内是否在国境外停留 | | | | | | | | | | | □是□否 | |
| 体测前14天内是否曾经在国内中、高风险地区居住或停留 | | | | | | | | | | | □是□否 | |
| 体测前14天内是否接触过发热、乏力、干咳等症状患者 | | | | | | | | | | | □是□否 | |
| 体测前14天内是否有发热、乏力、干咳等症状 | | | | | | | | | | | □是□否 | |
| 体温自查记录 | | | | | | | | | | | | |
| 日期 | 体温 | | 现所在城市  街道 | | | 疫情风险等级 | 日期 | 体温 | | 现所在城市  街道 | | 疫情风险等级 |
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考生本人承诺：本人体测前14日有关情况及体温记录真实、准确、有效，若有隐瞒自愿承担有关后果。

承诺人： 日期：