附件3

**吉林省2020年“三支一扶”计划招募**

**笔试考生行程轨迹、体温监测记录单**

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| 姓 名 |  | 身份证号 |  | 联系电话 |  | 健康状况 |  |
| 同住人 |  | | | 现住址 |  | | |
| 时 间 | 活动地点 | | | 密切接触人员 | | | 体温 |
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| 备 注 | 1.须如实记录8月2日至8月15日14天内行程和体温。笔试当天上交。  2.如果发现瞒报、漏报等情况，按有关法律法规处理。  3.可多页记录。 | | | | | | |

考生签字： 上交日期：