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| 面试人员考试前14天疫情防控登记表 | | | | | | | |
| 姓名： | 性别： | 身份证号： |  | | 联系电话： | | |
| 日期 | 实际居住地址 | 当天活动范围 | 共同居住人姓名 | 身份证号 | 本人及共同居住人是否与确认病例、疑似病例等人员接触 | 备注 | |
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**本人承诺以上信息真实有效，如因错报、漏报、瞒报所造成的一切后果由本人承担。 本人签名：**