附件1

**鹤城区2021年公开招聘事业单位工作人员考试考生健康监测卡**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | | | 性别 | | | |  | | | | | | |
| 住址 | |  | | | | | | | | | | | | | | | | |
| 近期外出/滞留地区（指怀化市域以外地区） | | | | |  | | | 前往  时间 | | |  | | | 返回  时间 | | |  | |
| 是否接种新冠疫苗 | | | | |  | | | 是否中高风险地区及境外返怀 | | | | | |  | | | | |
| 是否确诊  病例 | | |  | | 是否疑似  病例 | | |  | | | 是否接触过确诊或疑似病例 | | | | |  | | |
| 6月15日起至资格审查开始前的体温检测记载 | 日期 | | 6.15 | 6.16 | | 6.17 | 6.18 | | 6.19 | 6.20 | | | 6.21 | | 6.22 | 6.23 | | 6.24 |
| 体温 | |  |  | |  |  | |  |  | | |  | |  |  | |  |
| 日期 | | 6.25 | 6.26 | | 6.27 | 6.28 | |  |  | | |  | |  |  | |  |
| 体温 | |  |  | |  |  | |  |  | | |  | |  |  | |  |
| 日期 | |  |  | |  |  | |  |  | | |  | |  |  | |  |
| 体温 | |  |  | |  |  | |  |  | | |  | |  |  | |  |
| 家庭常住成员中是否有确诊或疑似病例 | | | | | | | | | | | |  | | | | | | |
| 承诺书：我保证以上填写内容属实。  **签名：**  **2021年 月 日** | | | | | | | | | | | | | | | | | | |
| **交表时间** | | | | | | | | | **2021年 月 日** | | | | | | | | | |

【注】：

1.每位考生须如实填写，在考试前交监考员查验，由鹤城区人社局人事股存档；

2.此卡仅限于公招考试期间疫情防控，人员信息须严格保密，不得对外公开或泄露。