**附件2**

**2020年潍坊市中医院公开招聘考试人员**

**健康管理信息采集表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | | | | | **身份证号** | |  | | |
| **报考岗位** |  | | | | | | | **准考证号** |  | | |
| **情形** | **健康排查（流行病学史筛查）** | | | | | | | | | | |
| **21 天内国内中、高风险等疫情重点地区旅居地（县（市、 区））** | **28 天内境外旅居地 （国家地区）** | | **居住社区21 天内发生疫情**  **①是**  **②否** | | **属于下面哪种情形**  **①确诊病例**  **②无症状感染者**  **③密切接触者**  **④以上都不是** | | | | **是否解除医学隔离观察**  **①是**  **②否**  **③不属于** | **核酸检测①阳性**  **②阴性③不需要** |
|  |  |  | |  | |  | | | |  |  |
| **健康监测（自考前 14 天起）** | | | | | | | | | | | |
| **天数** | **监测**  **日期** | **健康码**  **①红码**  **②黄码**  **③绿码** | **早**  **体温** | **晚**  **体温** | **是否有以下症状**  **①发热②乏力③咳嗽或打喷嚏④咽痛⑤腹泻⑥呕吐⑦黄疸⑧皮疹⑨结膜充血⑩都没有** | | | | | **如出现以上所列症状，**  **是否排除疑似传染病**  **①是**  **②否** | |
| **1** |  |  |  |  |  | | | | |  | |
| **2** |  |  |  |  |  | | | | |  | |
| **3** |  |  |  |  |  | | | | |  | |
| **4** |  |  |  |  |  | | | | |  | |
| **5** |  |  |  |  |  | | | | |  | |
| **6** |  |  |  |  |  | | | | |  | |
| **7** |  |  |  |  |  | | | | |  | |
| **8** |  |  |  |  |  | | | | |  | |
| **9** |  |  |  |  |  | | | | |  | |
| **10** |  |  |  |  |  | | | | |  | |
| **11** |  |  |  |  |  | | | | |  | |
| **12** |  |  |  |  |  | | | | |  | |
| **13** |  |  |  |  |  | | | | |  | |
| **14** |  |  |  |  |  | | | | |  | |
| **考试当天** |  |  |  |  |  | | | | |  | | |

**本人承诺：以上信息属实，如有虚报、瞒报，愿承担责任及后果。**

**签字： 联系电话：**