# 附件：3

兴宾区2021年公开招聘基层医疗卫生事业单位工作人员、医疗卫生事业单位紧缺急需人才

面试人员健康信息卡

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | | |  | | | | | | 性别 | | | | |  | | 现居住地 | | | | | | |
| 身份证号 | | | |  | | | | | | 体温 | | | | |  | | 来宾市外 | | | | 来宾市内 | | |
| 工作单位 | | | |  | | | | | | | | | | | | |  | | | |  | | |
| 接种疫苗情况 | | | | | | | 健康码 | | | | | | | 行程码（近14天是否去过中高风险等地） | | | | | | | | | |
| 第一针剂 | | 第二针剂 | | | 第三针剂 | | 绿 | | 黄 | | 红 | | 是 | | | | | | | 否 | | | |
|  | |  | | |  | |  | |  | |  | |  | | | | | | |  | | | |
| 现居住地所属疫情防控分类  地区 | | | | | 近期是否有发热、  咳嗽、胸闷等症状 | | | 是否持有考试前48小时核  酸检测阴性证明 | | | | | | | | 健康状态 | | | | | | | |
| 低风险 | 中风险 | | 高风险 | | 是 | 否 | | 是 | | | | 否 | | | | 健康 | | | 曾为疑似病例 | | | | 曾为确认病例 |
|  |  | |  | |  |  | |  | | | |  | | | |  | |  | | | |  | |
| **承 诺 书**  本人承诺：我确认表中所填写的每一项内容均真实有效，不存在瞒报、谎报、漏报，对所填报内容承担相应责任。  签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 说明：此表由填表人按照表格内容，如实根据本人情况进行勾选确认。 | | | | | | | | | | | | | | | | | | | | | | | |