考生健康管理信息承诺书

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| 考点名称 |  | | | | | | | 准考证号 | | |  | | | | | | | |
| 姓名 |  | | | 身份证号 | |  | | | | | 联系电话 | | |  | | | | |
| 健康排查（流行病学史筛查） | | | | | | | | | | | | | | | | | | |
| 14天内〔 月 日（含）后〕国内中、高风险等疫情重点地区旅居地〔县（市、区）〕(未到过的此栏空白) | | | 21天内〔 月 日（含）后〕境外旅居地（国家地区）(未到过的此栏空白) | | | 居住社区、村21天内（含）发生疫情  ①是②否 | | | 属于下列哪种情形：①确诊病例②无症状感染者③疑似病例④密切接触者⑤密切接触者的密切接触者⑥以上都不是 | | | | 是否解除医学隔离观察：①是②否③不属于 | | 48小时内核酸检测次数 | | 核酸检测日期 | 结果①  阴性  ②  阳性 |
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| 健康监测（自 年 月 日开始起） | | | | | | | | | | | | | | | | | | |
| 天数 | | 监测  日期 | | | 健康码：①绿码②红码③黄码 | | 行程码：①绿码②绿码，但前14天到达或途径城市名称上标有“\*” | | | 体温是否正常  正常值:＜37.3℃ | | 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(未出现以上所列症状的此栏空白) | | |
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**（请在第一场开考前将此承诺书交给监考人员）**

本人承诺：以上个人填报的信息属实，如有虚报、瞒报，愿承担一切责任及后果。

本人签字： 年 月 日