附件1：

考生健康管理信息采集表

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| 姓名 | | 性别 | 身份证号 | | | | 现居住地 | 报考岗位 | |
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| 健康监测（自考前14天起） | | | | | | | | | |
| 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 |
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本人承诺：以上信息属实，如有虚报、瞒报，愿承担法律责任及后果。

考生签字： 联系电话：