附件1

考生健康管理信息承诺书

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 性别 | | | 身份证号 | | | | | | 现居住地 | | 报考职位 | | |
|  |  | | |  | | | | | |  | |  | | |
| 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天内境外旅居地或港澳台** | | | **居住社区**  **21天内是否**  **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） | | | | | | | | | | | | | | |
| **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** | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
| **考试当日** | |  | | |  | |  | |  | | | |  | |

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（按手印）： 联系电话：