附件

神木职业技术学院来校人员健康登记卡

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| 姓名 |  | | 性别 |  | 年龄 |  |
| 籍贯 |  | | 身份  证号 |  | | |
| 所属系部 |  | | 联系  电话 |  | | |
| **近14天健康状况监测** | | | | | | |
| 日期 | 体温 | 本人有无咳嗽、乏力等症状 | | 家人有无咳嗽、乏力等症状 | | 备注 |
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| 本人体温正常，身体健康，申请返岗。  本人签名：  年 月 日 | | | | | | |