**附件一**

**《个人健康信息申报表》**

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| **填表单位：** | | | | | | | | | | |
| 序号 | 姓名 | 基本情况 | | | | | 健康情况 | | | |
|
| 手机号 | 身份证号 | 工种 | | | 身体健康承诺 | | 近期有无疫区接触史 （国内外） | 亲属近期有无疫区 接触史 |
| 工作 人员 | 参展商 | 施工 人员 | 健康 | 感染 症状 |
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备注：此表根据实际人数可自行增加行数