附件4

**2022年长春莲花山生态旅游度假区面向社会补招疾控中心、幼儿园**

**工作人员行程轨迹、体温监测记录单**

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| 姓 名 |  | | 身份证号 | |  | | | 联系电话 | | |  |
| 现住址 | |  | | | | | 同住人员 | |  | | |
| 有无下列情况（没有填“无”，有填对应序号）：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 | | | | | | | |  | | | |
| 7月29日（含）后有无国内中、高风险等疫情重点地区旅居史 | | | | | | | |  | | | |
| 7月29日（含）后有无国（境）外旅居史 | | | | | | | |  | | | |
| 监测日期 | 早体温 | | | 晚体温 | | 活动地点 | 直接接触密切接触人员 | | | 健康状况 | |
| 7月29日 |  | | |  | |  |  | | |  | |
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| 考试/资格复审当天 |  | | |  | |  |  | | |  | |

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：