附件2

考生健康状况登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 | | | |  | 身份证号 |  | |
| 户口所属市县 | | | |  | | | 现居住  详细地址 | | |  | | |
| 是否接种疫苗 | | |  | | | | | | 准考证号 | | |  |
| 报考岗位 | | |  | | | | | | 联系电话 | | |  |
| 健康状况记录 | | | | | | | | | | | | |
| 时间 | | 体温 | | | | 测量地点 | | 测量人 | | 健康  状况 | 当日行程 | |
| 早 | | 晚 | |
| 月 日 | |  | |  | |  | |  | |  |  | |
| 月 日 | |  | |  | |  | |  | |  |  | |
| 月 日 | |  | |  | |  | |  | |  |  | |
| 月 日 | |  | |  | |  | |  | |  |  | |
| 月 日 | |  | |  | |  | |  | |  |  | |
| 月 日 | |  | |  | |  | |  | |  |  | |
| 月 日 | |  | |  | |  | |  | |  |  | |
| 月 日 | |  | |  | |  | |  | |  |  | |
| 月 日 | |  | |  | |  | |  | |  |  | |
| 月 日 | |  | |  | |  | |  | |  |  | |
| 月 日 | |  | |  | |  | |  | |  |  | |
| 月 日 | |  | |  | |  | |  | |  |  | |
| 月 日 | |  | |  | |  | |  | |  |  | |
| 月 日 | |  | |  | |  | |  | |  |  | |
| 健康结论 | |  | | | | | | 考生签字 | | |  | |

邮箱：[bs6156311@163.com](mailto:bs6156311@163.com) 文件名称：学段学科+姓名