河北美术学院新生健康登记卡

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| 姓名 |  | | | | 性别 |  | | | | 年龄 | |  | | | 发热情况 | |  | |
| 生源地 | 省 市 县（区） | | | | | | | | | | | 常住地址 | | |  | | | |
| 考生号 |  | | | | | | | | | | | 身份证号 | | |  | | | |
| 联系电话 |  | | | | | | | | | | | 家长联系方式 | | |  | | | |
| 有、无中高风险地区旅居史 | | | | | | | |  | | | | 旅居具体时间 | | |  | | | |
| 有、无中高风险地区人员接触史 | | | | | | | |  | | | | 接触具体时间 | | |  | | | |
| 有、无与确诊、疑似人员接触情况 | | | | | | | |  | | | | 接触具体时间 | | |  | | | |
| 有、无境外疫情国家经历 | | | | | | | |  | | | | 具体时间 | | |  | | | |
| 有、无与境外疑似、确诊人员接触情况 | | | | | | | |  | | | | 接触具体时间 | | |  | | | |
| 到校时间 | |  | | | | | | | 乘坐交通工具  从家—学校全程 | | | | | | 例：\*\*小区—\*\*车站（机场）自驾/\*\*车站（机场）—学校，打车或（接站） | | | |
| 本人及家庭成员健康状况 | | | | | | | | | | | | | | | | | | |
| 姓名 | | | | 关系 | | 身份证号 | | | | | | | | 现住址 | 身体状况 | | | |
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| 本人报到前14日内体温检测正常、呼吸正常、无咳嗽 | | | | | | | | | | | | | | | | | | |
| 日期 | | | 早晨9：00 | | | | | | | | | | 中午14：00 | | | | | |
| 体温 | | | | 是否气促 | | | | 咳嗽 | | 体温 | | | 是否气促 | | 咳嗽 |
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本人签字：