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| **附件3**  个人健康申报表     |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 姓名 |  | 性别 |  | | 年龄 |  | | 准考证号 |  | | 手机号码 |  | | | | 报考单位 |  | | 报考岗位 |  | | | | 身份证号码 |  | | | | | | | 本人考前（笔试前提交；无笔试的面试前提交）14日内是否有以下情况： | | | | | | | | 1、出现发热、干咳、乏力、鼻塞、流涕、咽痛、腹泻等症状。 | | | | | 是£ | 否£ | | 2、属于新冠肺炎确诊病例、无症状感染者。 | | | | | 是£ | 否£ | | 3、在居住地有被隔离或曾被隔离且未做核酸检测。 | | | | | 是£ | 否£ | | 4、从省外中高风险地区入浙或返浙。 | | | | | 是£ | 否£ | | 5、从境外（含港澳台）入浙或返浙。 | | | | | 是£ | 否£ | | 6、与新冠肺炎确诊病例、疑似病例或已发现无症状感染者有接触史。 | | | | | 是£ | 否£ | | 7、与来自境外（含港澳台）、国内中高风险地区人员有接触史。 | | | | | 是£ | 否£ | | 8、共同居住家庭成员中是否有上述1至7的情况。 | | | | | 是£ | 否£ | | **本人承诺：我将如实逐项填报健康承诺，如因隐瞒或虚假填报引起检疫传染病传播或者有传播严重危险而影响公共安全的后果，本人将承担相应的法律责任，自愿接受《中华人民共和国刑法》《治安管理处罚法》《传染病防治法》和《关于依法惩治妨害新型冠状病毒感染肺炎疫情防控违法犯罪的意见》等法律法规的处罚和制裁。**  承诺人签名：                                           年     月   日 | | | | | | | |