附件3

**和平区企业（商户）复工复产员工健康卡**

**企业名称： 统计截止日期：2020年 月 日**

**地址： 联系人： 联系电话：**

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| 序号 | 姓名 | 身份证号 | 联系方式 | 人员类别 | | 来自地区 | 抵津日期 | 铁路车次号/航班号/长途汽车班次号/自驾车牌号 | 家人健康状况是否异常 | 是否与湖北人员有接触 | 是否有医学隔离史 | 是否有发热史 | 现居住地（具体至门牌号） | 备注 |
| 来津/  返津 | 密切接触人员 |
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