附件3

14天健康状况监测表

单位名称： 姓名：

职务： 电话：

|  |  |  |  |
| --- | --- | --- | --- |
| 序号 | 日期 | 体温（℃） | 备注 |
| 1 |  |  |  |
| 2 |  |  |  |
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| 14 |  |  |  |
| 15 |  |  |  |
| 16 |  |  |  |

注：至少记录招聘会前14天健康状况