附件1：

广州大学2021年第二次事业编制工作人员考试考生14天健康状况报告卡

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基本信息** | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | 性别 | | 报考岗位 | 岗位代码 | | 身份证号 | | | | | 家庭地址 | | | | | | 联系电话 | | |
|  | | |  | |  |  | |  | | | | |  | | | | | |  | | |
| 何地来穗 | 如笔试前14天未离开广州，请填“一直在广州” | | | | | 来穗方式 |  | | | 来穗时间 |  | | | 近期核酸检测情况 | 检测时间 | 未检测填无 | | | 疫苗接种情况 | 接种时间 |  |
| 检测结果 | 阴/阳 性 | | | 已接种第 针，共 针 | |
| 健康监测情况（考试前14天） | | | | | | | | | | | | | | | | | | | | | |
| 监测日期 | | 监测地点 | | 自身健康情况（是否有发热、咳嗽、全身酸痛、乏力、胸闷、气促、腹泻等其中一种症状） | | 家庭成员健康状况（是否有发热、咳嗽、全身酸痛、乏力、胸闷、气促、腹泻等其中一种症状） | | 所在社区是否有疑似/确诊病例，或无症状感染者 | 是否接触过疑似/确诊病例,或无症状感染者 | | | 是否外出其他省市/外  出地点 | 是否前往国内外等疫情中高风险地区 | 是否接触过国内外等疫情中高风险地区高危人员 | 出现异常状况 | | | | | | 备注 |
| 异常症状 | | 出现时间 | 处理方式 | | 诊断 |
| 7.5 | |  | |  | |  | |  |  | | |  |  |  |  | |  |  | |  |  |
| 7.6 | |  | |  | |  | |  |  | | |  |  |  |  | |  |  | |  |  |
| 7.7 | |  | |  | |  | |  |  | | |  |  |  |  | |  |  | |  |  |
| 7.8 | |  | |  | |  | |  |  | | |  |  |  |  | |  |  | |  |  |
| 7.9 | |  | |  | |  | |  |  | | |  |  |  |  | |  |  | |  |  |
| 7.10 | |  | |  | |  | |  |  | | |  |  |  |  | |  |  | |  |  |
| 7.11 | |  | |  | |  | |  |  | | |  |  |  |  | |  |  | |  |  |
| 7.12 | |  | |  | |  | |  |  | | |  |  |  |  | |  |  | |  |  |
| 7.13 | |  | |  | |  | |  |  | | |  |  |  |  | |  |  | |  |  |
| 7.14 | |  | |  | |  | |  |  | | |  |  |  |  | |  |  | |  |  |
| 7.15 | |  | |  | |  | |  |  | | |  |  |  |  | |  |  | |  |  |
| 7.16 | |  | |  | |  | |  |  | | |  |  |  |  | |  |  | |  |  |
| 7.17 | |  | |  | |  | |  |  | | |  |  |  |  | |  |  | |  |  |
| 7.18 | |  | |  | |  | |  |  | | |  |  |  |  | |  |  | |  |  |

声明：本人对上述填报内容真实性负责，如有不实，本人愿意承担一切责任。 签名：