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| 附件3 | |  | |  | |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | |  |
| 企业复工复业人员排查表 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 填报单位： 填报人： 联系电话： 填报日期： 2022年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **序号** | **姓名** | | **性别** | | **身份证号** | | | **手机号码** | **家庭住址（具体门牌号）** | **是否有48小时内核酸检测阴性证明** | **近14天是否有中高风险地区行程史** | | | | | **共同生活的家人，近14天是否有中高风险地区行程史** | | | | | | **本人或家人是否与确诊人员有接触史（是，填写是否隔离、解除隔离日期）** | | | | | |
| **是/否** | **省市** | | **来西安日期** | | **是/否** | | **省市** | | **来西安日期** | | **是/否** | | **是否隔离** | | **解除隔离日期** | |
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| 备注:本表填报复工复业人员信息，如有新增复工复业人员，请及时申请并重新填报。 | | | | | | | | | | | | | | | | | | | | | | | | | | | |