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| 附件5 | |  | |  | |  |  |  | |  | |
| 企业复工复业人员健康监测日报表 | | | | | | | | | | | |
| 填报单位： 填报人： 联系电话： 填报日期：2022年 月 日 | | | | | | | | | | | |
| 序号 | 姓名 | | 体温（时段9点-10点） | | 体温（时段15点-16点） | | 核酸检测时间 | | 核酸检测结果 | | 备注 |
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