附件2：

考生健康管理信息承诺书

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 性别 | | | 身份证号 | | | | | | 现居住地 | | 报考岗位名称 | | |
|  |  | | |  | | | | | |  | |  | | |
| 健康排查（流行病学史筛查） | | | | | | | | | | | | | | |
| 21天内国内中、高风险等疫情重点地区旅居地（县市区） | | | 28天内境外旅居地或港澳台 | | | 居住社区  21天内是否  发生疫情  ①是②否 | | 属于下面哪种情形  ①确诊病例  ②无症状感染者  ③密切接触者  ④以上都不是 | | | 是否解除医学  隔离观察  ①是②否  ③不属于 | | | 核酸检测  ①阳性  ②阴性  ③不需要 |
|  | | |  | | |  | |  | | |  | | |  |
| 健康监测（自考前14天起） | | | | | | | | | | | | | | |
| 监测  日期 | | 健康码  ①红码②黄码  ③绿码 | | | 早体温 | | 晚体温 | | 是否有以下症状  ①发热②乏力③咳嗽或打喷嚏④咽痛⑤腹泻⑥呕吐⑦黄疸  ⑧皮疹⑨结膜充血⑩都没有 | | | | 如出现以上所列症状，是否排除疑似传染病  ①是②否 | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
|  | |  | | |  | |  | |  | | | |  | |
| 考试当日 | |  | | |  | |  | |  | | | |  | |

本人承诺：以上信息属实，如有虚报、瞒报，愿承担法律责任及后果。

考生签字（按手印）： 联系电话：