附件5

宁夏2020年教育考试招生工作期间区外返宁考生

健康状况登记表

考生姓名： 准考证号： 身份证号：

联系电话： 住所地址：

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| 日期 | 体温 | 有无干咳 | 有无呼吸急促 | 有无乏力 | 有无鼻塞 | 有无流涕 | 有无咽痛 | 有无腹泻 |
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| **说****明** | 1、排查办法由县（市、区）教育考试中心根据情况自定。2、进入集中性工作场所前一天报县（市、区）教育考试中心。 |

责任人签字： 宁夏教育考试院制