附件6

宁夏2020年教育考试招生工作期间区外返宁

考生健康状况排查登记表

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、排查办法由县级教育考试招生机构根据情况自定。  2、进入集中性工作场所前一天报县级教育考试招生机构。 | | | | | | | |

责任人签字： 宁夏教育考试院制