**新冠肺炎疫情防控健康承诺表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | 姓名 |  | 性别 |  | 年龄 |  | | 身份证号 |  | | | 手机号 |  | | 现住地址： 区（县、市） 街道（镇） 社区（村） | | | | | | | 一、基本信息 | | | | | | | 1.本人参加报到前14天是否有发热、咳嗽、乏力、胸闷等症状。 □是 □否 | | | | | | | 2.本人及家庭亲属是否被确诊为新冠肺炎或疑似病例。 □是 □否 如是，请提供诊治医院康复证明。 □有 □无 | | | | | | | 3.是否被新冠肺炎防控留验站集中隔离观察。 □是 □否 如是，请提供接触隔离观察证明。 □有 □无 | | | | | | | 二、流行医学史 | | | | | | | 参加比赛前14天，您是否有以下情况(打√表示) | | | | | | | 1.是否曾出国或出境? □是 □否  如是，请具体填写什么时候到过得当国家和地区: | | | | | | | 2.是否去过新冠肺炎疫情重点区。 □是 □否 | | | | | | | 3.是否出现健康码不全是绿码状态。 □是 □否 | | | | | | | 4.是否去过新冠肺炎疫情重点区人员密切接触。 □是 □否 | | | | | | | 5.是否接触过来自重点疫区或其他有本地病例持续传播地区的发热 或有呼吸道症状患者？ □是□否 | | | | | | | 6.周围人群中有无2人及以上出现发热、干咳等症状。 或接触过新冠肺炎患者? □是□否 | | | | | | | 如果以上任意一种说明，请详细说明： | | | | | | |  | |  | | 本人对上述健康信息的真实性负责。如因提供不实信息造成疫情传播，流行。本人愿意承担由此带来的相关法律责任。 | | | | | |  | | 签字 ： | | | | | |  | | 日期： | | | | | |  | |