附件1

有湖北省旅居史人员健康监测摸底表

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| 序号 | 姓名 | 性别 | 年龄 | 现详细住址 | 联系方式 | 旅居湖北详细地点 | 来（返）邵日期 | 有无发热、咳嗽等症状（如有，请注明） | 就诊史 | 调查日期 |
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县市区 乡镇（街道） 村（社区） 调查人员签名：