附件4：

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_公司身体状况异常人员情况登记表**

登记日期：2020年 月 日

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| 序号 | 职工姓名 | 身份证号 | 联系电话 | 居住住址 | 体温 | 身体状况 |
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