|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件7 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 新型冠状病毒感染的肺炎防控期间美发预约人员信息登记表 |
| **企业名称： 联系人： 联系电话：** |
| **序号** | **姓名** | **性别** | **年龄** | **到店时间** | **身份证号** | **家庭地址** | **从何处来** | **乘坐何种交通工具** | **有无湖北接触史** | **有无发热病人接触史或自身发热史** | **测量体温** | **到何处去** | **离店时间** | **联系****电话** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 说明：此表为美发预约人员信息登记使用，由美发门店打印并妥善保存，以电子版照片形式每日一报高新区商务办。此表每项信息都必须如实填写，若有虚假、隐瞒立即责令停业。 |