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| 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** |
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| 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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | |