景德镇学院外来从业人员登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | 出生  年月 |  |  |  | 身份证号码 |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  | 照片 |
| 户籍所在地 |  | | | | 家庭  地址 |  | | | 现住地址 | | | | | |  | | | | | | | | | | | | |
| 工作  单位 |  | | | | 服务  单位 |  | | | 从事何种工作 | | | | | |  | | | | | | | | | | | | | |
| 身体  状况 |  | | 近期是否  有发热史 | |  | | | | 是否与新冠病患者接触 | | | | | |  | | | | | | 自行隔离情况 | | | | | | |  |
| 从何而来  途径何地 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其他需说明的问题 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |

单位盖章 ： 登记人签字： 登记时间：年 月 日