附件2

考生体温异常检测记录情况表

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **检测时间** | **姓名** | **身份证号** | **手机号码** | **两次体温检测数据** | | **经医疗卫生专业人员评估是否允许考试** |
| **1** | **2** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |

注：此表可自行添加行数、页数。 检测工作人员签字： 检测日期：