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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **附件3：单位职工及家属去过或途经湖北返回我市有关情况明细表** | | | | | | | | | |
| 单位名称：（公章） 报送日期： | | | | | | | | | |
| **序号** | **姓名** | **性别** | **年龄** | **联系电话** | **去往地点** | **何时去过或途经** | **是否出现发热、咳嗽、气促等疑似症状** | **现所处固定地点** | **备注** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |
| 报送人： 联系电话： | | | | | | | | | |