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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 |  |  |  |  |  |  |  |  |  |
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| 13 |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |
| 报送人： 联系电话：  |