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| 序 | 日期、时间 | 姓名 | 身份证号 | 14天内是否有旅行史（市、区），现居住 区、街 | 体温 | 身体状态 | 联系电话 | 备注 |
| 1 |  |  |  |  |  |  |  |  |
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| 20 |  |  |  |  |  |  |  |  |