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| 附件1 | | | | | |  | |  | |  | |  | |  |  |
| 新型冠状病毒感染的肺炎疫情每日监测报告表 | | | | | | | | | | | | | | | |
| 序号 | 姓名 | 性别 | 年龄 | 学号或 教职工号 | 联系电话 | | 主要症状 | | 发病日期 | | 确诊、疑似或密切接触史情况 | | 是否就诊，若已就诊，请填写就诊时间、就诊医院和诊断结果。 | | |
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