**安庆市立医院怀宁院区（怀宁县人民医院）防疫志愿者报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **年龄** | **职业** | **住址** | **身份证号码** | **联系电话** | **近一个月内个人及家庭成员是否身体健康（是/否）** | **近一个月内有无发热、咳嗽、胸闷等呼吸道感染病史（有/无）** | **近一个月内是否进出疫情重点地区、接触疫情重点地区人员（是/否）** | **备注** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |