附件3

参 会 回 执

单位名称:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 职务 | 身份证号码 | 健康码截图 | 行程卡截图 | 是/否  已接种疫苗 | 是/否  14天内有离津记录 | 联系电话 | 备注 |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| ... |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

填表人: 手机: