附件：

**潞州区建筑工地食堂及卫生从业人员核酸检测台账**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 项目名称 | 姓名 | 性别 | 身份证号 | 体检结果 | 发放日期 | 联系电话 | 核酸检测结果 | 核酸检测日期 | 备注 |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**注：食堂、卫生工作人员要“两点一线”，并进行一周两次核酸检测。**