附件：

济宁医学院疫情防控期间来访人员登记表

填表部门、单位（盖章）： 负责人（签名）：

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| 单位名称 | 姓名 | 性别 | 身份证号 | 联系电话 | 车牌号码 | 是否持有健康码 | 来校事由 | 来访时间 | 备注 |
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