附件：

新型冠状病毒疫苗紧急接种摸底登记表

单位名称： 填表人： 联系电话：

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| **编号** | **姓名** | **身份证号** | **是否愿意接种**  **（1=是，0=否）** | **联系电话** | **备注** |
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注：此表请于9月11日下午4时前发送到区社人力资源部。联系人：葛旦妮