附件：

**近两周内高校教职员工往返武汉情况调查表**

单位：填报人：手机号码：

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| 姓名 | 性别 | 年龄 | 所在单位及职务 | 赴武汉日期 | 是否已返回湖南 | 是否确诊为新型冠状病毒肺炎 | 是否已按要求隔离 |
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