附件4

**沣西新城复工复产企业核酸检测筛查人员花名册**

企业名称（盖章）： 联系人： 联系电话：

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| **序号** | **姓名** | **身份证号码** | **入职时间** | **检测时间** | **检测机构** | **手机号码** | **本人签名** |
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