附件

考生健康承诺书

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| 考点名称： | | | | |
| 考试科目： | | 考场号： | | |
| 考生  承诺 | **本人已按要求做好各项疫情常态化防控措施，已提供真实、有效的考前连续三天核酸检测阴性证明。如因瞒报或虚假承诺引起不良后果，本人愿承担相应的法律责任。** | | | |
| 座位号 | 考生承诺签字 |  | 座位号 | 考生承诺签字 |
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