|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件2： 上海市社会艺术水平考级机构现场考级活动承诺备案表 | | | | | | | | | | | | | | | | | | | |
| 本机构郑重承诺： 已根据《关于恢复开展上海市社会艺术水平考级现场考级活动的通知》要求制定疫情防控方案和应急预案，考点场地所在培训机构均已取得承诺信息公示二维码且满足防疫要求并定期清洁消毒，已储备足够的防控物资，全体从业人员身体健康，已具备恢复现场考级各项条件。**现场考级疫情防控工作中如有隐瞒或落实不力，愿承担一切法律责任。** | | | | | | | | | | | | | | | | | | | |
| 承诺考级机构： | | | | | | |  | |  | | 承诺考级机构地址（注明所在区）： | | | | | | | | |
| **序号** | | **承办单位** | | | **承办单位地址（注明所在区）** | | **承办单位负责人** | | **承办单位负责人手机** | | **考点地址（注明所在区）** | | **考点是否取得公示二维码** | | **考级专业** | | **考点负责人姓名** | | **考点负责人手机** |
| 1 | |  | | |  | |  | |  | |  | |  | |  | |  | |  |
| 2 | |  | | |  | |  | |  | |  | |  | |  | |  | |  |
| 3 | |  | | |  | |  | |  | |  | |  | |  | |  | |  |
| 4 | |  | | |  | |  | |  | |  | |  | |  | |  | |  |
| 5 | |  | | |  | |  | |  | |  | |  | |  | |  | |  |
| 填表人： | | | | | | |  | |  | | 填表人手机： | | | | | |  | |  |
|  | |  | | |  | |  | | 承诺考级机构（盖章）： | | | | | | | | 日期： | | |
| 附件3：上海市社会艺术水平考级机构考官、考务人员健康记录表 | | | | | | | | | | | | | | | | | | | |
| 考级机构： | | | | 承办单位： | | | | | | 考点地址（注明所在区）： | | | | | | | | | |
| 考级日期： | | | | 考级时间（注明起止时间）： | | | | | | 考级专业： | | | | | | | | | |
| **序号** | **姓名** | | **性别** | **身份证号** | | **联系手机** | | **常住地址（注明所在区）** | | **考前14天是否离沪** | | **是否体温正常** | | **是否有异常症状** | | **考官、考务人员承诺签字** | | **考级负责人承诺签字** | |
| 1 |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |
| 2 |  | |  |  | |  | |  | |  | |  | |  | |  | |
| 3 |  | |  |  | |  | |  | |  | |  | |  | |  | |
| 4 |  | |  |  | |  | |  | |  | |  | |  | |  | |
| 5 |  | |  |  | |  | |  | |  | |  | |  | |  | |
| 6 |  | |  |  | |  | |  | |  | |  | |  | |  | |
| 1.考官、考务人员承诺内容：本人郑重承诺，以上信息真实准确，无谎报、遗漏、瞒报病史及外出史等，**如有不实或造成不良后果，本人愿意承担一切法律责任。** | | | | | | | | | | | | | | | | | | | |
| 2.现场考级负责人承诺内容：经本单位检查核实，该考官、考务人员健康记录表内容真实有效，达到《恢复开展上海市社会艺术水平考级现场考级活动疫情防控措施指南》对考官、考务人员健康要求。**如有不实或造成不良后果，本人愿意承担一切法律责任。** | | | | | | | | | | | | | | | | | | | |