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| 学号  ID No. |  | 中文名  CN Name |  | 英文名  EN Name |  |
| 年级  Batch |  | 性别  Gender |  | 手机号码  Phone. No. |  |
| 所在学院或实习基地  Current School or Internship Hospital | |  | | 学生类别  Student Type | 本科 Undergraduate ○  硕士 Master ○  博士 Doctor ○ |
| 导师姓名（研究生填）  Supervisor’s Name (for postgraduates) | |  | | | |
|  | | 导师手机号码  Supervisor’s Phone No.) |  |
| 返回前现住地  Current place before returning | |  | | 国籍  Nationality |  |
| 回校（医院）后住宿地点  Accommodation add. after returning | |  | | 回校（医院）学习地点  Where to study |  |
| 计划返回时间  Planned date to return | |  | | 路线/班次  Returning route |  |
| 提前返回原因及理由  Reason for early return | |  | | | |
| 是否存在以下情况  Any of the following situations happened or not  (Please TICK or CROSS in the end of each article) | | 1. Visit relatives and friends in Hubei  2. Passing through Wuhan in the past month  3. Recently contacted or suspected infected persons  4. Recently contacted with relatives and friends from Hubei  5. Existing fever or other discomfort  6. Have you ever taken the vehicle (shift) for finding people in epidemic situation | | | |
| 导师意见（研究生填）  Opinion from the Supervisor  (for postgraduates) | | 签章： 日期： | | | |
| 研究生院或实习基地意见  Opinion from Graduate School or practice bases | | 签章： 日期： | | | |
| 国教院意见  Opinion from SIE Office | | 签章： 日期： | | | |
| 备注  Remarks | | The above information is true and accurate, and the knowledge of pneumonia prevention of new coronavirus infection is known.  Signature: | | | |