**附件2： 公共卫生学院心理危机预警信息表**

专业 年级 班：

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| 编号 | 姓名 | 性别 | 班级 | 学 号 | 民 族 | 联系  方式 | 关注原因类别 | 该生近期表现 | 已采取措施 | 是否需要约谈 | 辅导员 | 是否为新增对象 | 备注 |
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心理保健员： 填写日期：

班长：

班主任：

备注：关注原因类别参照通知排查标准填写