**附件：**

**老年教职员工（含家属）及“慢性病”患者体检活动报名表**

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| **序号** | **部门** | **姓名** | **身份证号码** | **联系电话** | **备注** |
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**注：**盖章报名表及电子版于2017年11月20日（星期一）中午12：00前提交。