附件2

**2023年二级保健对象体检预约登记表**

单位名称：福建理工大学 单位保健代码：352

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| 人员类别 | 姓名 | 性别 | 年龄 | 是否厅级领导职务 | 身份证号 | 保健卡号 | 预约体检时间 | 备注 |
| 在职人员 |  |  |  |  |  |  |  |  |
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| 合计人数 | |  | | | | | | |

联系人（本人）： 联系电话：（办） (本人手机)