**附件：**

**北京师范大学珠海分校免费健康体检活动报名表**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **序号** | **部门** | **姓名** | **身份证号码** | **联系电话** | **备注** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**注：**盖章报名表及电子版于2018年6月26日（星期二）中午12：00前提交。