附件2：学生胸透查体登记表

学院（公章） 联系人及电话 校区

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 年级、专业 | 学号 | 姓 名 | 性别 | 年龄 | 学院 | 检查结果 | 检查日期 | 备 注 |
|  | ecblank |  |  |  |  |  |  |  |
|  | ecblank |  |  |  |  |  |  |  |
|  | ecblank |  |  |  |  |  |  |  |
|  | ecblank |  |  |  |  |  |  |  |
|  | ecblank |  |  |  |  |  |  |  |
|  | ecblank |  |  |  |  |  |  |  |
|  | ecblank |  |  |  |  |  |  |  |
|  | ecblank |  |  |  |  |  |  |  |
|  | ecblank |  |  |  |  |  |  |  |
|  | ecblank |  |  |  |  |  |  |  |
|  | ecblank |  |  |  |  |  |  |  |
|  | ecblank |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

查体结束后确认签字

学院： 校医院： 时间：