**全区在职教师体检花名册**

学校 体检医院 体检日期

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| 序号 | 姓名 | 性别 | 出生年月 | 备注 |  | 序号 | 姓名 | 性别 | 出生  年月 | 备注 |
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注：分两天或两天以上体检的学校，每天男女比例相对均衡。