**附件1**

**福建省直机关干部职工**

**国民体质测试报名表**

单位名称： 领队： 联系电话：

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| **序号** | **姓 名** | **性别** | **出生年月** | **备 注** |
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| 说明 | 有心脏病等慢性疾病的人员请在“备注”栏内注明；表格不够可另附页。 |