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| 附件  体检信息统计表 | | | | | | | | |
| 序号 | 姓名 | 性别 | 身份证号码 | 已婚或未婚 | 联系方式 | 拟选择体检医院（只能选一，请打√） | | |
| 省人民医院 | 省中医院 | 省中医院钟山院区  （原省钟山干部疗养院） |
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