附件1

经开区事业单位工作人员体检花名册

单位：（盖章） 联系人： 联系电话：

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| 序号 | 姓名 | 性别 | 年龄 | 序号 | 姓名 | 性别 | 年龄 |
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注：此表一式三份，医院一份，局组织人事科一份，单位一份。