附件2：参加体检人员一览表（样表）

系：专业：班级：联系人及号码：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 费用55元/人 | 手机号码 | 备注 |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| …… |  |  |  |  |  |
| 合计 |  |  |  |