**第四十五屆全澳學生環山跑比賽**

**健康證明書(團體報名適用)**

(請用正楷填寫)

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| **機構及參加者資料** | | | | | | | | | | | | | | | | |
| 機構名稱: | | | | | | | |  | | | | | 領隊: | | 電話: | |
| **序號** | | **姓名**  **(中文/外文或譯音)** | | | **序號** | | | | **姓名**  **(中文/外文或譯音)** | | | **序號** | **姓名**  **(中文/外文或譯音)** | **序號** | **姓名**  **(中文/外文或譯音)** | |
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| **備註:** | | | | | | | | | | | | | | | | |
| **以上學生身體狀況良好，適合參加是次比賽。** | | | | | | | | | | | | | | | | |
| 日期 | |  | | / |  | | / |  | | |  |  | | | | |
| 年 | |  | 月 | |  | 日 | | |  | 醫生簽名及蓋章 | | | | |

\* 本健康證明書可影印使用；

\* 如有任何查詢，可於辦公時間內致電28768118鍾小姐/歐小姐。