**慶祝中華人民共和國成立六十七周年暨第四十六屆全澳學生環山跑比賽**

**健康證明書(團體報名適用)**

主辦單位：澳門中華學生聯合總會

贊助單位：教育暨青年局、澳門基金會

鳴謝單位：民政總署

(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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| 37 | |  | | | 38 | | | |  | | | 39 |  | 40 |  | |
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| 45 | |  | | | 46 | | | |  | | | 47 |  | 48 |  | |
| 49 | |  | | | 50 | | | |  | | | 51 |  | 52 |  | |
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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 | | | | |

**備註：**

**\* 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趙小姐。**