附件2

职工互助保障“互助健康行·公益体检”人员名单

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| 序号 | 姓名 | 身份证号 | 性别 | 婚否 | 联系电话 |
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注：申请单位必须为职工互助保障会员单位，且申请体检的人员必须为职工互助保障活动会员。