附件1

浙江中医药大学医类专业实习生临床技能竞赛报名表

**医院名称（盖章）**

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| **领队姓名** | | |  | **联系电话** | |  | | **职务、职称** | |  | | **报名类别** | 中医类/西医类 | |
| **指导老师** | **姓名** | |  | **联系电话** | |  | | **职称** | |  | | **专业（学科）** |  | |
|  |  | |  | |  | |
| **观摩人员** | **姓名** | |  | **联系电话** | |  | | **职务、职称** | |  | | | | |
|  |  | |  | | | | |
| **参赛团队成员信息** | | | | | | | | | | | | | | |
| 选手姓名 | | 学号 | | | 所在学院 | | 性别 | | 专业 | | 年级、班级 | | | 联系电话 |
| 张三（示例） | | \*\*\*\*\*\*\*\*\*\*\*\*\*\*\* | | | 第一临床医学院 | | 女 | | 中医学 | | 2014级本部3班 | | | \*\*\*\*\*\*\*\*\*\*\* |
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