附件2：

**空间应用中心4月26日体检统计表**

部门： 填表人：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 序号 | 姓名 | 联系方式 | 乘坐班车位置 | 备注 |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |