**员工健康检查汇总表**

体检时间：

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| 序号 | 档案编号 | 姓名 | 性别 | 年龄 | 现岗位 | 检查机构 | 检查项目 | 检查结果 | 采取措施 | 备注 |
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编制人： 复核人： 日期：

