附件2:

**2017年全国首届高等职业院校临床技能大赛报名汇总表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 省（区、市） | |  | | | | | 学校名称 | | |  | | | | 总人数 | | | |  |
| 领队姓名 | |  | | | | | 性别 | | |  | | | | 民族 | | | |  |
| 职务 | |  | | | | | 办公电话 | | |  | | | | 手机号码 | | | |  |
| 通讯地址 | |  | | | | | | | | | | | | 邮编 | | | |  |
| E-mail | |  | | | | | | | | | | | | 传真 | | | |  |
| 指导教师信息 | | | | | | | | | | | | | | | | | | |
| 姓名 | | 性别 | | | | 民族 | | | 职称 | | | | 工作单位 | | | | 联系电话 | |
|  | |  | | | |  | | |  | | | |  | | | |  | |
|  | |  | | | |  | | |  | | | |  | | | |  | |
| 参赛学生信息 | | | | | | | | | | | | | | | | | | |
| 序号 | 姓名 | | 性别 | | 身高 | | | 体重 | | 鞋码 | | 所在学校 | | | | 身份证号码 | | |
| 1 |  | |  | |  | | |  | |  | |  | | | |  | | |
| 2 |  | |  | |  | | |  | |  | |  | | | |  | | |
| 3 |  | |  | |  | | |  | |  | |  | | | |  | | |
| 4 |  | |  | |  | | |  | |  | |  | | | |  | | |
| 参赛队抵达时间 | | | |  | | | | | | | 抵达车次（航班） | | | |  | | | |
| 返程时间 | | | |  | | | | | | | 返程车次（航班） | | | |  | | | |
| 联系人 | | | |  | | | | | | | 联系电话 | | | |  | | | |

**注：请在学校名称栏加盖单位公章**

**2017年全国首届高等职业院校临床技能大赛**

**参赛选手报名登记表**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 参赛院校 |  | | | | | | | |
| 院校地址 |  | | | | | | 邮编 |  |
| 姓 名 |  | 性 别 | |  | 民 族 | |  | 近 期  照 片 |
| 身份证号 |  | | | | | | |
| 年 级 |  | | 出生日期 | |  | | |
| 联系电话 |  | | | | | | |
| 指导教师 |  | | | | | 联系电话 | |  |
| 通讯地址 |  | | | | | E-mail | |  |
| 学 校  意 见 | （盖 章）  年 月 日 | | | | | | | |