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| 附件4 | | |  |  |  |  |  |  |  |
| 淄博市“健康家庭”登记表 | | | | | | | | | |
| 区县卫生健康局（盖章） | | |  | | | |  | | |
| 序号 | 姓名 | 家庭住址 | 性别 | 民族 | 政治面貌 | 文化程度 | 身份证号码 | 联系电话 | 备注 |
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| 填表人： | | | 联系电话： | | | | 填表日期： | |  |