**附件3：**

**学生献血报名表**

**院系（公章） 负责教师姓名： 联系方式：**

**学生负责人姓名： 联系方式：**  献血日期 2016年 月 日

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| **排序** | **姓名** | **专业** | **学号** | **性别** | **年级** | **备注** |
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**要求：**

**1.身体健康。**

**2.体重在50KG以上。**

**3.眼睛近视程度不得高于600度。**