|  |  |  |
| --- | --- | --- |
| **澳門中華學生聯合總會　主辦** | **教育暨青年局** | **贊助** |
| **澳門基金會** |
|  |

**第四十四屆全澳學生環山跑比賽**

**健康證明書(團體報名適用)**

(請用正楷填寫)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **機構名稱及參加者資料** | | | | | | | | | | | | | | | | |
| 機構名稱: | | | | | | | |  | | | | | 聯絡人/  領隊: | | 電話: | |
| **序號** | | **姓名**  **(中文/外文或譯音)** | | | **序號** | | | | **姓名**  **(中文/外文或譯音)** | | | **序號** | **姓名**  **(中文/外文或譯音)** | **序號** | **姓名**  **(中文/外文或譯音)** | |
|  | |  | | |  | | | |  | | |  |  |  |  | |
|  | |  | | |  | | | |  | | |  |  |  |  | |
|  | |  | | |  | | | |  | | |  |  |  |  | |
|  | |  | | |  | | | |  | | |  |  |  |  | |
|  | |  | | |  | | | |  | | |  |  |  |  | |
|  | |  | | |  | | | |  | | |  |  |  |  | |
|  | |  | | |  | | | |  | | |  |  |  |  | |
|  | |  | | |  | | | |  | | |  |  |  |  | |
|  | |  | | |  | | | |  | | |  |  |  |  | |
|  | |  | | |  | | | |  | | |  |  |  |  | |
|  | |  | | |  | | | |  | | |  |  |  |  | |
|  | |  | | |  | | | |  | | |  |  |  |  | |
|  | |  | | |  | | | |  | | |  |  |  |  | |
|  | |  | | |  | | | |  | | |  |  |  |  | |
| **備註:** | | | | | | | | | | | | | | | | |
| **以上學生身體狀況良好，適合參加是次比賽。** | | | | | | | | | | | | | | | | |
| 日期 | |  | | / |  | | / |  | | |  |  | | | | |
| 年 | |  | 月 | |  | 日 | | |  | 醫生簽名及蓋章 | | | | |

**備註：**

**\* 本健康證明書可影印使用；**

**\* 如有任何查詢，可於辦公時間內致電2872 3143李先生。**