|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件5 | | | | | | | | | | | |
| 参赛运动员健康情况反馈表 | | | | | | | | | | | |
| **单位：（盖章）** | | | | **参赛项目：** | | **填表人：** |  | **填报日期：** | | **2024年 月 日** | |
| 序号 | 运动员 姓 名 | 身体健康状况 | | | | | | | | 购买保险情况 | |
| **心电图（心脏是否正常）** | | **血压是否正常** | | **有无心血管疾病** | | **有无传染病** | | **是否购买保险** | |
| 正常 | 不正常 | 正常 | 不正常 | 无 | 有 | 无 | 有 | 已办理 | 未办理 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |

备注：1、各代表团要本着对运动员负责的态度，认真填写。2、本表不得弄虚作假。如因虚报实情，造成意外，由各代表团自行负责。