**安徽艺术学院学生体质健康测试免测汇总表**

学院名称： 盖章 年 月 日

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| **序号** | **学号** | **姓名** | **年级** | **专业班级** | **免测理由** |
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教师联系人： 联系电话：

学生负责人： 联系电话：