**附件三**

**2016年上海中医药大学疗休养登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **承 诺 书**  **本人已阅《上海中医药大学教职工暑期休养须知》，我承诺按须知要求参加今年暑期休养活动，并承诺本人已根据自己身体健康情况选择今年休养点：**  **本人签名： 日期：** | | | | | | | | | | | |
| **部门** | |  | **姓名** |  | | | **性别** |  | | **年龄** |  |
| **职务**  **职称** | |  | **身份证号码** | |  | | | | | | |
| **手机** | |  | | | | **身体健康情况** | | |  | | |
| **上次参加暑期疗休养日期** | |  | | | | **若所选休养地点名额已满是否愿意参加其他线路** | | |  | | |
| **备注** | **(如需自行返沪请注明)** | | | | | | | | | | |