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| --- | --- | --- | --- | --- |
| 体检流程 | | | | |
|  |  |  |  |  |
|  | **报 到** （上午7︰10前） | | |  |
|  |  |  |  |  |
|  | **验 证** | | |  |
|  |  |  |  |  |
|  | **抽 签** | | |  |
|  |  |  |  |  |
|  | **填 写 资 料** | | |  |
|  |  |  |  |  |
|  | **乘 车** | | |  |
|  |  |  |  |  |
|  | **体 检** | | |  |
|  |  |  |  |  |
|  | **结 束**  （经工作人员确认，确保全部项目检查完毕） | | |  |
|  |  |  |  |  |
|  | **离 开 医 院** | | |  |

附件8