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| 日期 | 姓名 | 班级 | 家长姓名 | 联系内容 | 联系人签名 |
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备注：（1）由保健医生填写。

（2）内容：儿童不良卫生习惯，体弱儿、肥胖儿及各种缺点矫治的家庭配合。儿童身心发育中出现的问题，家长对卫生保健的建议。

**家长联系登记表**