附件7

砚山县 乡（镇）健康家庭名单

填表人： 联系电话： 审核人：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **编号** | **户主姓名** | **身份证号** | **详细住址（社区/村委会→村小组→门牌号）** | **家庭**  **人口数** | **家庭**  **联络员姓名** | **联系电话** | **备注** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |