**附件2：**

**重点关注学生约谈汇总表**

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| **序号** | **姓名** | **性别** | **班级** | **有无病史** | **有无药物史** | **是否需要持续关注** | **是否需要中心介入** | **目前状态是否稳定** | **其他** |
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辅导员（签字）： 日期：

书记（签字）： 日期：

所在学院（盖章）： 日期: