附件1：

湖北医药学院学生心理危机排查统计表

学院\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(公章) 心理健康负责人\_\_\_\_\_\_\_\_\_ 联系电话\_\_\_\_\_\_\_\_\_\_ 信息汇总人\_\_\_\_\_\_\_\_ 填报时间\_\_\_\_\_年\_\_月\_\_日

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| 序号 | 姓名 | 班级 | 宿舍号 | 手机号码 | 辅导员 | 异常表现突出情况 | 学院已采取措施 | 备注 |
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（本表可复制） 第 页，共 页