意见反馈表

标准名称：团体标准《出入口健康信息核验系统技术规范》(征求意见稿)

填报日期： 年 月 日

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| 单位名称 | |  | | |
| 姓 名 | |  | 职务 |  |
| 联系方式 | |  | 邮箱 |  |
| 序号 | 章条编号 | 修改意见 | | 理由或依据 |
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