**残疾大学生辅助器具适配需求意向表**

**（2021年度入学）**

填表单位（公章）：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 序号 | 姓名 | 身份证号码 | 户口所在地 | 在读学校及专业  联系人及电话 | 残疾证编号  类别及等级 | 辅助器具适配需求名称 | | | | | | | |
| 普通轮椅 | 假肢（部位） | | | | 助听器 | | 其他辅具 |
| 左侧 | | 右侧 | | 左耳 | 右耳 |
| 大腿 | 小腿 | 大腿 | 小腿 |
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