**Коллективная заявка на прохождение тестирования Всероссийского физкультурно-оздоровительного комплекса «Готов к труду и обороне»**

(учреждение)

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Дата подачи заявки

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Дата тестирования

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| **№** | **ФИО** | **УИН** | **Ступень** | **ОФП** | **Группа здоровья**  **Печать, подпись врача/печать, подпись мед работника** |
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Общее количество допущенных к сдаче норм ГТО\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Подпись (ФИО)

(название учреждения) М.П.

Контактное лицо \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Номер телефона \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_