附件2

中国康复医学会团体标准征求意见反馈表

**团体标准名称： 征求意见时间：**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **意见提出单位或个人** | | | |  | | |
| **联系人** | |  | | | **联系电话** |  |
| **邮箱** | |  | | | **填报时间** |  |
| **团体标准意见反馈** | | | | | | |
| **序号** | **章条号** | | **修改建议** | | | **理由及依据** |
| 1 |  | |  | | |  |
| 2 |  | |  | | |  |
| 3 |  | |  | | |  |
| 4 |  | |  | | |  |
| 5 |  | |  | | |  |
| 6 |  | |  | | |  |
| … |  | |  | | |  |
| 单位盖章或个人签字  年 月 日 | | | | | | |

注：表格篇幅不够可另加页；若意见提出者为单位，需加盖单位公章。