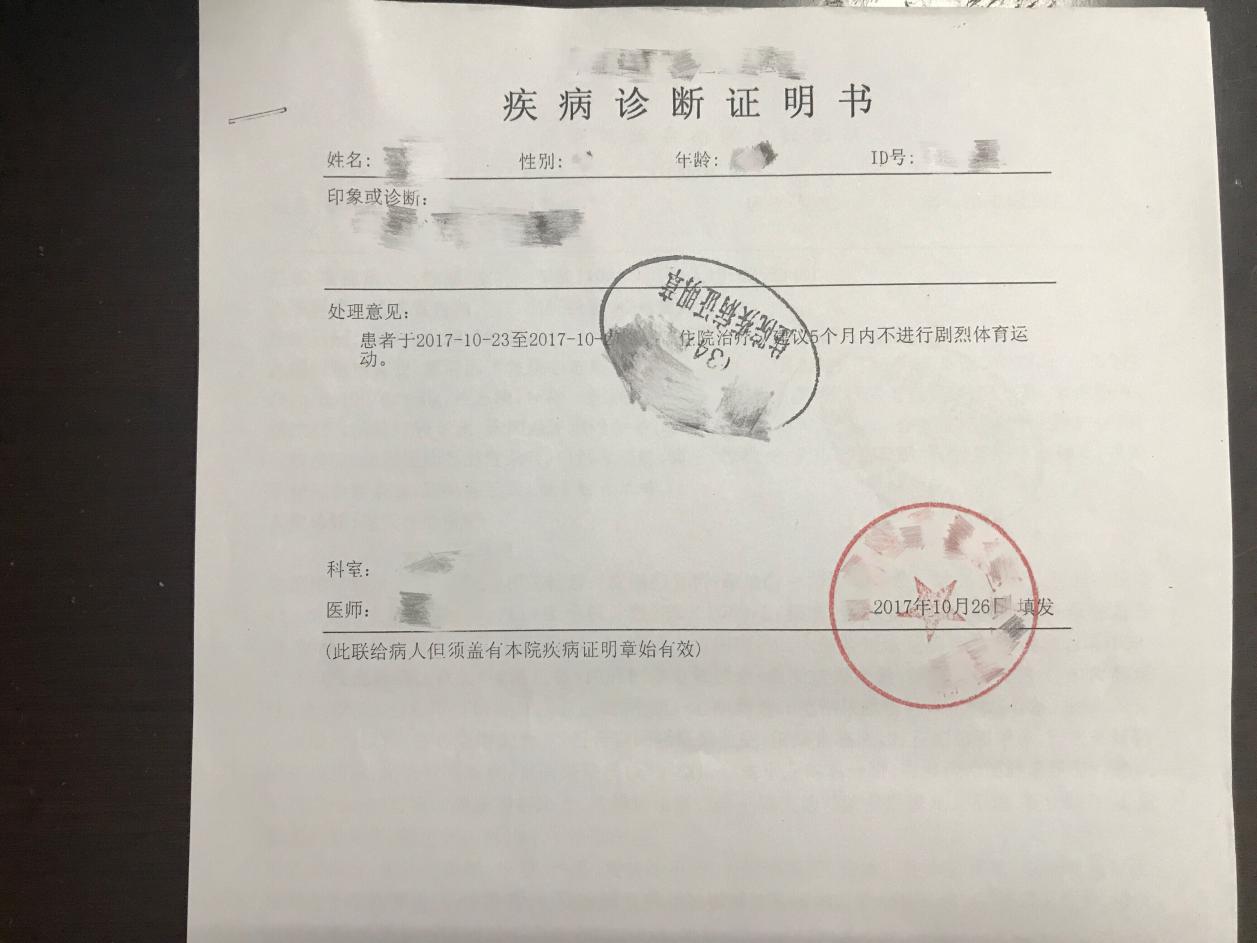
附件5

**疾病证明书复印件样本**

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