附件1

参赛报名表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **单位名称** | | **（盖章）** | | | | |
| **单位地址** | |  | | | | |
| **单位性质** | | **□医疗卫生机构 　 □科研院所 □高校**  **□ 示范基地/定制药园 □其他** | | | | |
| **参赛人员信息** | | | | | | |
| **序号** | **姓名** | **身份证号码** | | **联系电话** | | **备注** |
| **1** |  |  | |  | | □领队  □理论考试 |
| **2** |  |  | |  | | □领队  □理论考试 |
| **3** |  |  | |  | | □领队  □理论考试 |
| **4** |  |  | |  | | □领队  □理论考试 |
| **5** |  |  | |  | | □领队  □理论考试 |
| **6** |  |  | |  | | □领队  □理论考试 |
| **药膳主题** | |  | | | | |
| **类 别** | | **1.药膳热菜** | **2.药膳冷菜** | **3.药膳汤（饮品）** | **4.药膳面点** | **5.自选菜品** |
| **菜 名** | |  |  |  |  |  |
| **菜品负责人** | |  |  |  |  |  |
| **参赛队到达时间** | |  | | | | |
| **到达方式** | | **□自驾（车牌号： ）** | | **□其他** | | |
| **住宿要求** | | **□是（ ）单、（ ）双** | | **□ 否** | | |

|  |  |
| --- | --- |
| 附件1-1 | 加密编号：（裁判填写） |

药膳热菜基本信息表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **药膳主题** | |  | | | | |
| **药膳名称** | |  | | | | |
| **食养药膳□ 食疗药膳□** | | | | | | |
| **序号** | **食材名称** | | **用量（克）** | **药材名称** | **剂量（克）** | **药材说明** |
| **1** |  | |  |  |  |  |
| **2** |  | |  |  |  |  |
| **3** |  | |  |  |  |  |
| **示例** | **猪肉** | | **100** | **鲜龙眼肉** | **30** | **桂十味、药食两用** |
|  |  | |  | **钩藤** | **10** | **广西区域特色药材** |
| **制**  **作**  **方**  **法** |  | | | | | |
| **功效** |  | | | | | |
| **方**  **解** |  | | | | | |
| **适用人群** |  | | | | | |
| **注意事项** |  | | | | | |

|  |  |
| --- | --- |
| 附件1-2 | 加密编号：（裁判填写） |

药膳冷菜基本信息表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **药膳主题** | |  | | | | |
| **药膳名称** | |  | | | | |
| **食养药膳□ 食疗药膳□** | | | | | | |
| **序号** | **食材名称** | | **用量（克）** | **药材名称** | **剂量（克）** | **药材说明** |
| **1** |  | |  |  |  |  |
| **2** |  | |  |  |  |  |
| **3** |  | |  |  |  |  |
| **示例** | **猪肉** | | **100** | **鲜龙眼肉** | **30** | **桂十味、药食两用** |
|  |  | |  | **钩藤** | **10** | **广西区域特色药材** |
| **制**  **作**  **方**  **法** |  | | | | | |
| **功效** |  | | | | | |
| **方**  **解** |  | | | | | |
| **适用人群** |  | | | | | |
| **注意事项** |  | | | | | |

|  |  |
| --- | --- |
| 附件1-3 | 加密编号：（裁判填写） |

药膳汤/饮品基本信息表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **药膳主题** | |  | | | | |
| **药膳名称** | |  | | | | |
| **食养药膳□ 食疗药膳□** | | | | | | |
| **序号** | **食材名称** | | **用量（克）** | **药材名称** | **剂量（克）** | **药材说明** |
| **1** |  | |  |  |  |  |
| **2** |  | |  |  |  |  |
| **3** |  | |  |  |  |  |
| **示例** | **猪肉** | | **100** | **鲜龙眼肉** | **30** | **桂十味、药食两用** |
|  |  | |  | **钩藤** | **10** | **广西区域特色药材** |
| **制**  **作**  **方**  **法** |  | | | | | |
| **功效** |  | | | | | |
| **方**  **解** |  | | | | | |
| **适用人群** |  | | | | | |
| **注意事项** |  | | | | | |

|  |  |
| --- | --- |
| 附件1-4 | 加密编号：（裁判填写） |

药膳面点基本信息表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **药膳主题** | |  | | | | |
| **药膳名称** | |  | | | | |
| **食养药膳□ 食疗药膳□** | | | | | | |
| **序号** | **食材名称** | | **用量（克）** | **药材名称** | **剂量（克）** | **药材说明** |
| **1** |  | |  |  |  |  |
| **2** |  | |  |  |  |  |
| **3** |  | |  |  |  |  |
| **示例** | **猪肉** | | **100** | **鲜龙眼肉** | **30** | **桂十味、药食两用** |
|  |  | |  | **钩藤** | **10** | **广西区域特色药材** |
| **制**  **作**  **方**  **法** |  | | | | | |
| **功效** |  | | | | | |
| **方**  **解** |  | | | | | |
| **适用人群** |  | | | | | |
| **注意事项** |  | | | | | |

|  |  |
| --- | --- |
| 附件1-5 | 加密编号：（裁判填写） |

药膳自选菜品基本信息表

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **药膳主题** | |  | | | | |
| **药膳名称** | |  | | | | |
| **食养药膳□ 食疗药膳□** | | | | | | |
| **序号** | **食材名称** | | **用量（克）** | **药材名称** | **剂量（克）** | **药材说明** |
| **1** |  | |  |  |  |  |
| **2** |  | |  |  |  |  |
| **3** |  | |  |  |  |  |
| **示例** | **猪肉** | | **100** | **鲜龙眼肉** | **30** | **桂十味、药食两用** |
|  |  | |  | **钩藤** | **10** | **广西区域特色药材** |
| **制**  **作**  **方**  **法** |  | | | | | |
| **功效** |  | | | | | |
| **方**  **解** |  | | | | | |
| **适用人群** |  | | | | | |
| **注意事项** |  | | | | | |

附件1-6

自带物品申报单

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **参赛队** | |  | | | | |
| **领 队** | |  | | **联系方式** | |  |
| **物 品 明 细** | | | | | | |
| **序号** | **物品名称** | | **规 格** | | **数 量** | **备 注（用途）** |
| **1** |  | |  | |  |  |
| **2** |  | |  | |  |  |
| **3** |  | |  | |  |  |
| **4** |  | |  | |  |  |
| **5** |  | |  | |  |  |
| **6** |  | |  | |  |  |
| **7** |  | |  | |  |  |
| **8** |  | |  | |  |  |
| **9** |  | |  | |  |  |
| **10** |  | |  | |  |  |
| **11** |  | |  | |  |  |
| **12** |  | |  | |  |  |
| **裁判长签署意见：** | | | | | | |

注：请区直有关单位汇总附件1（含1-1至1-6）于2024年6月17日前将盖章扫描PDF以及word版发送至邮箱zyjghcyc@163.com，并发送短信至13878100456留言确认（例:单位名称+联系人姓名）。