附件4

社区卫生业务骨干备案表

 区卫生健康委（盖章）

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| **序号** | **行政区** | **姓 名** | **性别** | **出生年月** | **单 位** | **职 称** | **学历** | **从事社区卫生工作年限** | **联系电话 （手机）** |
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填表人： 联系电话：