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| 附件5新冠肺炎疫情防疫一线人员证明

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性别 |  | 族别 |  | 照片 |
| 出生年月 |  | 从事专业 |  |
| 参加工作时间 |  | 现专业技术职务 |  |
| 疫情服务单位 |  |
| 起始时间 |  | 结束时间 |  |
| 疫情期间服务岗位及内容 |  |
| 是否接触新冠阳性病例或无症状感染者 |  |
| 所在位意见 | 单位及负责人（签章）年 月 日 |
| 所在单位上级卫生健康行政部门意见 | 单位及负责人（签章）年 月 日 |

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