附件3：

医疗机构卫生技术人员信息表

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| 序号 | 人员类别（医 师/护士/其他  ) | 姓名 | 身份证号码 | 人员状态 （在职/退休  ) | 执业类别 | 执业范围 | 专业技术职务 | 主要执业地点 | 其他执业地点 | 所在科室 | 科室类别 （临床/医技  ) | 投保单位 |
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承诺：我单位对填报内容的真实性负责，并承担相应责任。