附件2

业务能力考试推荐考试人员审核情况表

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| **序号** | **姓名** | **性别** | **出生年月** | **参评学历** | | **现专业技术资格** | | **申报资格及专业** | **报考专业** | **备注** |
| **学历** | **取得年份** | **名称** | **取得年份** |
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经过审核，以上人员符合卫生、计划生育系列高级职称的申报资格和条件，同意推荐参加业务能力考试。

单位负责人签字： 审核人签字： 单位公章： 年 月 日