**《太原市第五届医师岗位技能竞赛选手推荐表》**

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| **参赛机构** | |  | | | | | |
| **联系人** | |  | | | **联系电话** |  | |
| **序号** | **选手姓名** | | **技术职称** | **身份证号码** | | | **联系方式** |
| **1** |  | |  |  | | |  |
| **2** |  | |  |  | | |  |
| **3** |  | |  |  | | |  |
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| **11** |  | |  |  | | |  |
| **12** |  | |  |  | | |  |
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| **14** |  | |  |  | | |  |
| **15** |  | |  |  | | |  |

**说明：**

1. **一级及以下医疗机构按属地原则以县（市、区）卫生健康和体育局为参赛机构，参赛选手15名；二级及以上医疗机构独立参赛，参赛选手3名。**
2. **各参赛机构须安排专人负责联系工作并填注联系人信息。**
3. **报送时须加盖参赛机构公章。**
4. **此表可自制或下载，下载地址：**[**www.tysysxh.com**](http://www.tysysxh.com) **（太原市医师协会官网）下载专区。**