附件3

职业健康检查人员信息表（样式）

用人单位名称：

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| 序号 | 身份证号 | 姓名 | 性别 | 年龄 | 总工龄 | 接害  工龄 | 工种 | 职业病危害因素  名称 | 职业健康检查类别 |
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用人单位：（盖章） 年 月 日