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| 附件3  社区卫生首席专家和社区健康管理专家推荐表 | | | | | | | | | |
| 区卫生健康委（盖章） | | | | | | | | | |
| **序 号** | **姓 名** | **性 别** | **出生年月** | **单 位** | **职 称** | **学历** | **从事社区卫生工作年限** | **联系电话 （手机）** | **推荐类别**  **（首席专家/健康管理专家** |
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填表人： 联系电话：