**附件1：**

**职业卫生参培人员汇总回执表**

**联络人： 联系电话： 微信： 填报时间：2022年 月 日**

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| **序号** | **单位** | **姓名** | **性别** | **培训对象** | **所属**  **行业** | **身份证号码** | **电话号码** | **微信号** | **备注** |
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**备注：培训对象请填写单位主要负责人或者职业卫生管理员**