附件1

第六届“最美健康守护者”候选人推荐表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申报奖项 | | □最美医生 □最美护士  □最美基层医生 □最美公共卫生卫士 | | | | | | | | | | | | | | |
| 姓 名 |  | | 性别 | |  | | | | 民族 | | | |  | | 照  片 | |
| 籍 贯 |  | | 政治  面貌 | |  | | | | 出生  日期 | | | |  | |
| 从业时间 | |  | | | | 执业证号 | | | | | |  | | |  | |
| 毕业学校 | |  | | 专业 | | | |  | | | | | | 学历 | |  |
| 工作单位科室 | |  | | | | | | | | 职务职称 | | | | | |  |
| 通信地址 | |  | | | | | | | | 联系电话 | | | |  | | |
| 微信号 | |  | | | | | 邮箱 | | | |  | | | | | |
| 个  人  事  迹  简  介 | | （简介300字，主要介绍个人获奖情况及取得的成就；另附1500字左右个人事迹。） | | | | | | | | | | | | | | |
| 所在单位推荐意见 | | 单位（盖章）  年    月    日 | | | | | | | | | | | | | | |