附件

2020年全国卫生健康行业职业技能统一鉴定考试

合格人员名单

机构名称（盖章）： 领取人： 联系电话：

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| 序号 | 姓名 | 身份证号 | 分数 | | 是否合格 |
| 理论 | 操作技能 |
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