|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件5  新冠肺炎疫情防疫一线人员证明   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | 姓 名 |  | 性别 |  | 族别 |  | 照片 | | 出生年月 |  | 从事专业 | |  | | | 参加工作时间 |  | 现专业技术职务 | |  | | | 疫情服务单位 |  | | | | | | | 起始时间 |  | 结束时间 | |  | | | | 疫情期间服务岗位及内容 |  | | | | | | | 是否接触新冠阳性病例或无症状感染者 |  | | | | | | | 所在位意见 | 单位及负责人（签章）  年 月 日 | | | | | | | 所在单位上级卫生健康行政部门意见 | 单位及负责人（签章）  年 月 日 | | | | | | |