附件3

省级“职业健康达人”推荐人员名单汇总表

**填报单位（地市）：**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 用人单位 | 姓名 | 性别 | 年龄 | 工龄 | 岗位 | 联系方式 |
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填报人： 联系电话：