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| --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **年龄** |  | **照片** |
| **单位名称** |  | | | **科室** |  |
| **职称** |  | **从业年限** |  | **手机** |  |
| **通讯地址** |  | | | **邮箱** |  | |
| **个人简介** |  | | | | | |
| **参选“好医生、好护士”的主要事迹** |  | | | | | |
| **说明：除照片以外，请提供医生、护士资格证或医生、护士执业证书照片一张。以保证候选人的真实有效性。** | | | | | | |

**“为我身边的好医生、好护士点个赞”**

**报名推荐表**