**公共场所从业人员健康证登记表**

共 名从业人员

单位名称：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 序号 | 姓名 | 性别 | 健康证发证日期 | 备注 |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
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| 16 |  |  |  |  |

负责人签名： 提交时间： 年 月 日