附件5

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| **2023年卫生专业技术资格考试考生信息登记表** | | | | | | | | |
| **单位名称（盖章）：** | | | | | | | | |
| 序号 | 姓名 | 性别 | 身份证号 | 电话号码 | 报考专业 | 报考级别 | 单位 | 备注 |
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