**附件1：**

首届“岭南好护士”推荐表

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **出生**  **年月** |  | **民族** |  | **(照片)** |
| **工作单位** |  | | **政治**  **面貌** |  | **职称** |  | |
| **学历**  **(学位)** |  | | **联系**  **电话** |  | | | |
| **从事护理 工作年限** |  | | **电子**  **邮箱** |  | | | |
| **科室** |  | | **单位**  **职务** |  | | | |
| **所属医疗机构类别** | | **部属🞎 省属🞎 市属🞎 基层🞎** | | | | | | |
| **通讯地址** | |  | | | | | | |
| **突出/**  **先进**  **事迹** | **(不够填写可另加页)** | | | | | | | |
| **何时何地**  **受过何种**  **奖励** | **(不够填写可另加页)** | | | | | | | |
| **单位**  **推荐**  **意见** | **盖章**  **年 月 日** | | | | | | | |