**职业健康检查异常结果登记表**

**车间：                         体检类别：**

**体检日期：      年  月  日 -      年    月    日**

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| **序号** | **姓名** | **性别** | **年龄** | **岗位** | **接触职业病危害因素** | **可能导致的职业病** | **体检结论与处理意见** | **落实**  **情况** |
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