**职业病患者一览表**

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| **序号** | **姓名** | **性**  **别** | **出生日期**  **（年月日）** | **接害**  **工龄** | **车间、岗位** | **职业病名** | **诊断机构** | **诊断日期**  **（年月日）** | **处理情况** |
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