**劳动者职业健康监护档案表**

**姓 名：**

**单 位：中科纳米涂料技术（苏州）有限公司**

**电 话：**

**建档日期：**

**劳动者基本情况表**

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| **姓名** |  | | | **性别** | | |  | | | **名族** | | |  | | | |
| **出生日期** |  | | | **家庭地址** | | |  | | | | | | | | | |
| **身份证号** |  | | | | | | | | | **学历** | | | |  | | |
| **总工龄** |  | | | | | | | **接害工龄** | |  | | | | | | |
| **专业（工种）** |  | | | | | | **所在作业场所名称** | | | | |  | | | | |
| **职业史** | | | | | | | | | | | | | | | | |
| **起止日期** | | | **岗位** | | **工作单位** | | | | | | **地址** | | | | | |
| 至 | | |  | |  | | | | | |  | | | | | |
| 至 | | |  | |  | | | | | |  | | | | | |
| **既往病史** | | | | | | | | | | | | | | | | |
| **疾病名称** | | **诊断时间** | | | **诊断医院** | | | | | **治疗结果** | | | | | | **备注** |
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| **职业病危害接触史** | | | | | | | | | | | | | | | | |
| **起止日期** | | **工作单位** | | | | **岗位** | | | **接触职业病危害罂粟** | | | | | | **防护措施** | |
| 至 | |  | | | |  | | |  | | | | | |  | |
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| **本人签名： 日期： 年 月 日** | | | | | | | | | | | | | | | | |

**职业健康检查情况表**

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| **上 岗 前 检 查 情 况** | | | | | |
| **检查日期** | **结 论** | | | **检查机构** | |
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| **在 岗 期 间 检 查 情 况** | | | | | |
| **检查日期** | **结论** | **检查机构** | **复查项目** | **复查结论** | **复查机构** |
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| **离 岗 时 检 查 情 况** | | | | | |
| **检查日期** | **结 论** | | | **检查机构** | |
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**教育培训情况表**

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| **培训日期** | **培训内容** | **培训机构** | **备注** |
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**作业场所职业病危害因素检测情况表**

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| **作业场所**  **名 称** | **检测**  **日期** | **检 测**  **结 论** | **检测**  **机构** | **复测**  **日期** | **复测**  **结论** | **复测**  **机构** |
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**职业病诊疗情况表**

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| **诊 断 情 况** | | | | |
| **诊断日期** | **职业病种类** | | **诊断机构** | |
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| **治 疗 情 况** | | | | |
| **治疗日期** | **病情** | **处方** | **治疗机构** | **主治医师** |
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