**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 |  |  |  |  |
|  至 |  |  |  |  |
|  至 |  |  |  |  |
|  **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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