各部门接触职业病危害因素人员统计表

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| 序号 | 姓名 | 部门 | 性别 | 出生年月 | 所在车间/区域 | 岗位（工种） | 接触有害因素名称 | 接触年限 | 体检时间 | 体检结果 | 备注 |
| 正常 | 疑似 | 确诊 |  |
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