附件1：

**基层卫生人员学历情况摸底调查表**

单位名称： 填报时间： 年 月 日

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| 序号 | 姓 名 | 性别 | 现有最高学历 | 现有专业 | 拟报读专业 | 拟报读层次 | 联系电话 | 备注 |
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