**附件3：**

医师定期考核结果汇总表

填报科室： 考核小组组长签名：

科室考核小组人员签名：

参加本次考核总人数： 不合格人数：

考核周期：2016年 1 月至2017 年 12 月 考核完成时间： 年 月 日

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| 序号 | 姓名 | 执业证号 | 考核程序（一般程序/简易程序） | 考核结果 | 不合格原因 | 备注 |
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备注：该表一式两份，一份科室留存，一份交医务部。