附件3：

**2020年医德考评结果汇总表**

**科室：**

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| **序号** | **姓名** | **职务（称）** | **考核等级** | **考核得分** | **备注** |
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考核工作小组成员（签名）： 考核工作小组组长签名（盖章）：

注：（1）此表一式两份，上报行风建设办公室一份，科室留存一份。

（2）如有休病事假、产假、出国、脱产学习等情况请在备注栏中说明。

（3）要求按照考核等级（优秀、良好、称职、不称职）顺序填写。