**科室疗休养人数和线路摸底汇总**

科室，我科室人员合计数 ，计划参加疗休养人员 位，经科务会讨论后，拟推荐以下人员参加2025年度疗休养活动，具体情况如下：

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 序号 | 疗休养人员 | 终身码 | 身份证号码 | 手机长号 | 是否省外疗休养 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

科主任签名：