劳动者个人信息卡

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| **姓 名** |  | | **性 别** |  | |  | |
| **籍 贯** |  | | **婚 姻** |  | |
| **文化程度** |  | | **参加工作**  **时间** |  | |
| **身份证号** |  | | | | |
| **职业史及职业病危害接触史** | | | | | | | |
| **起止时间** | | **工作单位** | | **工种** | **接触职业病危害因素** | | **防护措施** |
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