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| 附件2  **2022年福建省汀州医院公开招聘编制内**  **医疗卫生专业技术人员报名表**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 姓名 |  | | | | | | 性别 | |  | | | | | 户籍  所在地 | | |  | | 近期免冠  1寸彩照 | | 政治  面貌 |  | | | | | | 身份证号码 | |  | | | | | | | | | | | 通讯  地址 |  | | | | | | | | | | | | | **报考**  **岗位** | | |  | | | 学历/学位 |  | | | | | 毕业时间、院校及专业 | | |  | | | | | | | | | | | 取得专业技术任职资格及时间 | | | | |  | | | | | | 规培专业及合格证取得时间 | | | | | | |  | | | 健康状况 | | | | |  | | | | | 联系电话 | | | | | 本人 | | |  | | | 是否过敏体质 | | | | |  | | | | | 家属 | | |  | | | 个人简历（高中起） | |  | | | | | | | | | | | | | | | | | | | 家庭  主要  成员  及  主要社会关系 | | **称谓** | | **姓名** | | | | **出生年月** | | | | **政治面貌** | | | | **工作单位及职务（或住址）** | | | | |  | |  | | | |  | | | |  | | | |  | | | | |  | |  | | | |  | | | |  | | | |  | | | | |  | |  | | | |  | | | |  | | | |  | | | | |  | |  | | | |  | | | |  | | | |  | | | | | **本人承诺：1.本表内容及提供的有关材料依据真实、合法、有效，符合本次招聘公告（实施方案）的报考条件。如有不实，本人自愿放弃聘用资格并承担相应责任及由此造成的一切后果；2.本人对本次招聘公告（实施方案）已知悉，并认可有关规定。**  **报考人(盖章):**  2022年 月 日 | | | | | | | | | | | | | | | | | | | | | **在职人员或服务基层项目在岗高校毕业生所在单位意见：**    **（盖章） 2022年 月 日** | | | | | | | | | | | | | | | | | | | | | 审核人  意见 | | |  | | | | | | | | | | 审核人签名：  2022年 月 日 | | | | | | |   附件3  **2022年福建省汀州医院公开招聘编制内**  **医疗卫生专业技术人员加分申请表**  **报考岗位：** | | | | | | | |
| 姓 名 |  | | | 性 别 |  | | 照片 |
| 出生年月 |  | | | 籍 贯 |  | |
| 政治面貌 |  | | | 学 历 |  | |
| 毕业时间及院校 |  | | | 专 业 |  | |
| 准考证号 |  | | | 联系电话 |  | |
| 是否曾经通过享受优惠政策 被录(聘)为机关事业单位 编制内工作人员 | | | | ①加分优惠：（ ） ②专门职位：（ ） ③免考聘用：（ ） ④其他：（ ） | | | |
| **加分项目及文件依据** | | | | | | | |
| 加分项目 | | | 分值 | | 文件依据 | | |
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| **本人根据实际情况提出加分申请，所填写的信息和所提供的证明材料真实有效。本人愿意对所提供材料的真实性负责。   签名： 2022年 月 日** | | | | | | | |
| 单位初审意见：  年 月 日 | | 主管部门复核意见：  年 月 日 | | | | 组织人事部门审核意见：  年 月 日 | |
| 备注：符合加分条件的考生请自行下载本申请表，如实填写并附相关有效证明材料，在参加面试后1个工作日内（采用笔试加面试方式的在笔试后3个工作日内）向招聘单位提出加分申请，逾期视为自动放弃。 | | | | | | | |

附件4

**2022年福建省汀州医院公开招聘编制内**

**医疗卫生专业技术人员报考承诺书**

本人 ，性别 ，身份证号： ，参加2022年福建省汀州医院公开招聘编制内医疗卫生专业技术人员考试，报考 岗位，承诺能在公告规定时间内提供岗位要求的：

1.毕业证、学位证（ ）；

2.相应执业资格证或通过考试证明（ ）；

3.相应住院医师规培合格证书或通过规培考试证明（ ）；

4.其他： （ ）。

若未能在规定时间内提供上述证书、证明，自愿放弃本次聘用资格，并承担相应责任及由此造成的一切后果。

承诺人（盖章）：

联系电话:

年 月 日

附件5

**2022年福建省汀州医院公开招聘编制内医疗卫生**

**专业技术人员考试考生健康申明卡及安全考试承诺书**

姓 名： 性 别： 准考证号：

身份证号： 有效手机联系方式：

本人考前 14 日内住址（请详细填写，住址请具体到街道/社区及门牌号或宾馆地址））

**本人本次考试前 48小时内新冠病毒核酸检测结果 □阴性 □阳性**

1. 本人是否属于新冠肺炎确诊病例、无症状感染者。 是 否

2. 本人考前 14 日内，是否出现发热、干咳、乏力、鼻塞、流涕、咽痛、腹泻等症状。 是 否

3. 本人考前 14 日内，是否在居住地有被隔离或曾被隔离且未做核酸检测。 是 否

4. 本人考前 14 日内，是否从中高风险地区入岩。 是 否

5. 本人考前 14 日内，是否从境外（含港澳台）入岩。 是 否

6. 本人考前 14 日内，是否与新冠肺炎确诊病例、疑似病例或已发现无症状感染者有接触史。 是 否

7. 本人考前 14 日内，是否与来自境外（含港澳台）人员有接触史。 是 否

8. 考前 14 日内，本人的工作（实习）岗位是否属于医疗机构医务人员、集中隔离点工作人员、公共场所服务人员、口岸检疫排查人员、公共交通驾驶员、铁路航空乘务人员、进口冷链食品一线工作人员。 是 否

9. 本人“福建健康码”是否为非绿码。 是 否

10. 本人“通信大数据行程卡”是否为非绿码。 是 否

11. 共同居住家庭成员中是否有上述 1 至 7 的情况。 是 否

12. 本人考前14日内，是否离开龙岩辖区。 是 否

离开龙岩辖区的往返时间及地点：

**提示：考试期间建议减少不必要的出行，不聚餐、不聚会、勤洗手，**

**正确佩戴口罩。所有考生进入考点，必须携带考前48小时内新型冠状病毒检测阴性的报告，否则不能进入考点。**

**本人承诺：我将如实逐项填报健康申明卡，如因隐瞒或虚假填报引起检疫传染病传播或者有传播严重危险而影响公共安全的后果，本人将承担相应的法律责任，自愿接受《中华人民共和国刑法》《治安管理处罚法》《传染病防治法》和《关于依法惩治妨害新型冠状病毒感染肺炎疫情防控违法犯罪的意见》等法律法规的处罚和制裁。**

本人签名： 填写日期：