附件5：

医师定期考核结果登记表

考核机构（盖章）： 考核委员会负责人： 年 月 日

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| 姓名 | 性别 | 医师执业注册所在机构名称 | 医师执业证书编 号 | 类别 | 专业 | 考核结果 |
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注：本表填写一式三份，考核机构、注册机关、被考核医师所在执业机构各存一份。