附件5

**全国“敬老爱老助老模范人物”推荐申报汇总表**

推荐单位： 市州卫生健康委（加盖公章）

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| 序号 | 姓名 | 性别 | 民族 | 政治面貌 | 联系电话 | 通讯地址及邮编 |
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联系人： 联系电话：