附件2：

**职工花名册**

零售药店名称：

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| **职工姓名** | **身份证号** | **性别** | **职工类别** | **药师类别** | **执业地点** | **所学专业** | **行政职务** | **备注** |
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职工类别分为聘用职工、临时职工；药师类别分为药学类、中药学类、药学与中药学类。

需另提供职工医保缴费凭证。