绍兴市红十字会救护员信息表

**证书编号： 发证日期： 年 月 日**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | |  | | 性别 | |  | 出生年月 | | |  | 民族 |  | 照片 | |
| 身份证件类型 | | | 身份证 | | | | 证件号码 | | | |  | | |
| 工作单位 | | |  | | | | | | | | | | | | |
| 文化程度 | | |  | | | | | | | | 职 业 | |  | | |
| 联系地址 | | |  | | | | | | | | 固定电话 | |  | | |
| 手 机 | | |  | | | | | | | | 电子邮箱 | |  | | |
| 培训日期 | | | 年 月 日 至 月 日 | | | | | | | | 培训学时 | | 16学时 | | |
| 发证红会 | | | 绍兴市红十字会 | | | | | | | | | | | | |
| **考 核 情 况** | | | | | | | | | | | | | | | |
| 项目 | 理论知识 | | | | 心肺复苏操作 | | | | 创伤救护操作 | | | | 出勤 | | |
| 成绩 |  | | | |  | | | |  | | | |  | | |
| 主考 |  | | | |  | | | |  | | | |  | | |
| **复 训 情 况** | | | | | | | | | | | | | | | |
| 复训时间 | | 项目 | | 理论知识 | | 心肺复苏操作 | | | | 创伤救护操作 | | | 出勤 | | 复训红会 |
|  | | 成绩 | |  | |  | | | |  | | |  | |  |
| 主考 | |  | |  | | | |  | | |  | |  |
|  | | 成绩 | |  | |  | | | |  | | |  | |  |
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| 主考 | |  | |  | | | |  | | |  | |  |
| 是否愿意成为红十字救护志愿者 | | | | | | | | | | 是 □ 否□ | | | | | |