附件5：

**2025年医师资格考试考生名单表**

填表人： 联系电话：

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 序号 | 姓名 | 身份证号 | 考试类别 | 报考级别 | | 毕业专业 | 毕业学校 | 报考单位 | 联系电话 |
| 执业 | 执助 |
| 1 | 张三 | 45212xxxxxxxxxxx | 临床 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |