**广东省省级职业病鉴定申请表**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **鉴定对象** | |  | **性 别** | |  | **身份证号码** | |  | |
| **申请人** | |  | **与鉴定对象关系** | | |  | | | |
| **申请日期** | |  | **劳动者方联系人** | | |  | | | |
| **劳动者方联系地址** | |  | | | | **联系电话** | | |  |
| **用人单位** | |  | | | | | | | |
| **单位联系人** | |  | **联系电话** | | |  | | | |
| **用人单位联系地址** | |  | | | | | | | |
| **原诊断机构** | |  | **诊断结论** | | |  | | | |
| **首次鉴定机构** | |  | **首次鉴定结论** | | |  | | | |
| **申请诊断鉴定原因**： | | | | | | | | | |
| **职业接触史**： | | | | | | | | | |
| **提交的资料名称及份数**： | | | | | | | | | |
| **备注：** | | | | | | | | | |
| **申请人签名** |  | | | **经办人签名** | | |  | | |