**中国红十字会救护员信息表**

证书编号： 发证日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 性别 |  | | 出生年月 | |  | 民族 | | |  | 照 片 |
| 证件类型 | |  | | | | 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 | |  | | | |
| 发证红会 | | 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 | | 复训红十字会 |
|  | | 成绩 |  | | | |  | |  | | | |  | |  |
| 主考 |  | | | |  | |  | | | |  | |  |
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| 主考 |  | | | |  | |  | | | |  | |  |
| 是否愿意成为红十字救护志愿者 | | | | | | | | | 是 □ 否 □ | | | | | | |