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| D:\D槽\work(1000101)\other-其他(有的沒的)\logo_gif(鏤空).gif | **彰化基督教醫療財團法人彰化基督教醫院**  500彰化市南校街135號　 總院電話: 04-7238595 | | | |
| 實 習 成 績 證 明 | | | | |
| **姓 名** | | ○○○ | **身份證字號**  **(居留証號碼)** | ○○○○○○○○○○ | |
| **性 別** | | ○(男/女) | **出生年月日** | ○○○○/○○/○○ | |
| **職 稱** | | 實習醫學生 | **實習期間** | ○○○○/○○/○○至○○○○/○○/○○ | |

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| **臨床實習成績** | | | | | |
| **科別** | **成績** | **實習期間** | **科別** | **成績** | **實習期間** |
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| **備 註** | | | | | |
| 中華民國○○○年○月○○日 | | | | | |