**湖南省企业职工劳动能力鉴定表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 | | | |  | | | | 出生年月 | | | | |  | | | | | 照 片 |
| 身份证编号 |  |  |  |  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  |  |
| 参加工作时间 |  | | | | | | | | | | | | 工种（职务） | | | | |  | | | | |
| 工作单位 |  | | | | | | | | | | | | 伤·病类别 | | | | |  | | | | |
| 伤 · 病简况 | 单位劳动鉴定委员会（章） 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 医疗鉴定结论 | 鉴定医师签名： 医疗技术鉴定小组（章） 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 市劳动能力鉴定委员会结论 | 市劳动能力鉴定委员会（章） 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |