附件

伤病与事故因果关系鉴定委托书

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| **委 托 单 位** |  | | | | | | | |
| **被鉴定职工**  **用人单位名称** |  | | | | | | | |
| **被鉴定职工**  **用人单位地址** |  | | | | | | | |
| **被鉴定职工**  **基本情况** | **姓 名** |  | **性别** | |  | **身份证号** |  | |
| **职业**  **(岗位)** |  | **联系地址或**  **联系方式** | | | |  | |
| **事故经过、救治过程、诊断结论** |  | | | | | | | |
| **委托鉴定事项** |  | | | | | | | |
| **被鉴定职工或其近亲属意见** | 签字（手印）： | | | | | | | |
| **作出鉴定结论报告约定时间** |  | | | | | | | |
| **各县（市、区）人社局意见** |  | | | **市人社局工伤保险处意见** | | | |  |
| **市人社局**  **主管领导意见** |  | | | | | | | |

**备注：本委托书一式二份，市人社行政部门、鉴定机构各一份。**