**\_\_\_\_\_\_\_\_\_\_縣（市）「\_\_\_\_\_年度流感疫苗接種計畫」執業登記醫事人員及**

**醫療院所非醫事人員調查統計表**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | 填表日期\_\_\_\_年\_\_\_\_月\_\_\_\_日 | 第 頁，共 頁， |
| **鄉鎮 市區** | **醫療（事）機構名稱** | **醫院層級別** | **合計總人數** | **接種對象** | **備註** |
| **執業醫事人員** | **編制內****非醫事人員** | **實習學生** | **衛生保健志工** | **是否具有疫苗領取及存放冷藏設備** | **是否具有自行接種能力** |
| **總人數** | **擬接種人數** | **總人數** | **擬接種人數** | **總人數** | **擬接種人數** | **總人數** | **擬接種人數** |
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|  |  |  |  |  |  |  |  |  |  |  |  | □是 □否 | □是 □否 |
| **合 計** |  |  |  |  |  |  |  |  |  |  |
| 填表人簽名或核章 |  | 覆核人簽名或核章 |