**\_\_\_\_\_\_\_\_\_縣（市）「113年度COVID-19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** | | |  |  |  | | |  |  | |  |  |  |  | |  | | |
| 附註：COVID-19疫苗為JN.1疫苗  填表人簽名或核章 | | | | | | | | | | 覆核人簽名或核章 | | | | | | | |  |