**\_\_\_\_\_\_\_\_\_\_縣（市）「113年度COVID-19疫苗接種計畫」**

**衛生等單位之防疫相關人員接種人數統計表**

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| **接種對象類別：□衛生單位防疫人員 □各消防單位實際擔任救護車緊急救護工作之人員 □空中救護勤務人員** | | | | | | | | | | | |  |
| **□第一線海巡、岸巡人員 □國際機場、港口入境安全檢查、證照查驗及第一線關務人員 □法醫師** | | | | | | | | | | | |  |
| 填報機關： | | | 聯絡人： | | | 電話： | | |  | | |  |
|  | | |  | 填表日期\_\_\_\_年\_\_\_\_月\_\_\_\_日 | | | 共 頁， | | | 第 頁 | | |
| **鄉鎮**  **市區** | **機關**  **名稱** | **地址** | | | **接種對象人數** | | | | | | |  |
| **總人數** | | | **擬接種人數** | | | |  |
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| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  |  |