**\_\_\_\_\_\_\_\_縣（市）「113年度流感疫苗接種計畫」防疫相關人員接種名冊**

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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** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 機構/機關名稱：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |  | | 負責人：\_\_\_\_\_\_\_\_\_ | | | | | | |  | |  | |  | | | | | |  |
| 地址：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |  | | |  | |  | | | | | | |  | |  | |  | | |  |  |  |
| 單位總人數：\_\_\_\_\_\_\_\_ | | | 擬接種人數：\_\_\_\_\_\_\_\_ | | | | | 聯絡人：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  | 電話：\_\_\_\_\_\_\_\_ | | | | | | | | | | |  |
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| **編 號** | **姓 名** | **出生年月日** | | **身分證**  **統一編號** | **接種意願**  **(請勾選)** | | | | **編 號** | | | | **姓 名** | **出生年月日** | **身分證**  **統一編號** | | | | | | | | | **接種意願**  **(請勾選)** | | | |  |
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| **流感疫苗** | **COVID**  **-19疫苗**  **(JN.1)** | | | **流感疫苗** | **COVID**  **-19疫苗(JN.1)** | | |  |
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**附註：1.填寫本表前請勾選所屬接種對象類別。**

**2.具接種意願者填寫個人資料進行列冊。**

填表機關核章 執行接種之醫師及醫療院所核章