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

附件8

**安養、長期照顧（服務）等機構對象擬接種人數統計表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 填報機構：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | 聯絡人：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | 電話：\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |  | | |
| **共\_\_\_\_頁，第\_\_\_\_頁** | | | | | | | | | | | | | | | | | | | |
| **鄉鎮 市區** | **機構 類別** | **機構名稱** | **地址** | **機構 總人數** | **接種對象** | | | | | | | | | | | | | | |
| **受照顧者** | | | **機構所屬直接照顧受照顧者之工作人員** | | | **機構所屬醫事人員** | | | | **合計** | | | | |
| **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** | |
|  |  |  |  |  |  |  | |  |  | |  |  | | |  | | |  | |
|  |  |  |  |  |  |  | |  |  | |  |  | | |  | | |  | |
|  |  |  |  |  |  |  | |  |  | |  |  | | |  | | |  | |
|  |  |  |  |  |  |  | |  |  | |  |  | | |  | | |  | |
|  |  |  |  |  |  |  | |  |  | |  |  | | |  | | |  | |
|  |  |  |  |  |  |  | |  |  | |  |  | | |  | | |  | |
|  |  |  |  |  |  |  | |  |  | |  |  | | |  | | |  | |
| **合計** |  |  |  |  |  |  | |  |  | |  |  | | |  | | |  | |
| 備註：1.機構類別欄，可填寫下列代碼： | | | |  |  | |  | | |  | | |  |  | |  |  | |  |
|  | (1)安養機構；(2)長期照顧機構；(3)長期照顧服務機構(含居家式、社區式及機構住宿式服務類)； | | | | | | | | | | | | | | | | | | |
|  | (4)護理之家(不含產後護理之家)；(5)榮譽國民之家；(6)居家護理；(7)身心障礙福利服務機構(不含福利服務中心)； | | | | | | | | | | | | | | | | | | |
|  | (8)身心障礙者社區式服務個案；(9)精神醫療機構(係指設有急/慢性精神病床或精神科日間留院服務之醫院，不含精神科診所)； | | | | | | | | | | | | | | | | | | |
|  | (10)精神復健機構(含日間型及住宿型機構)；(11)呼吸照護中心。 | | | | | | | | | | | | | | | | | | |
|  | 2.COVID-19疫苗為JN.1疫苗。 | | | | | |  | | |  | | |  |  | |  |  | |  |
|  |  | 填表人 |  |  | 單位主管 | | | | | | | | | | | | | |  |