( 続　紙 )

No.

インフルエンザ予防接種受診者名簿

|  |  |  |  |
| --- | --- | --- | --- |
| 事業所記号 |  | 事業所名称 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 受診  年月日 | 保険証  番号 | 氏　　　　名 | 実施機関名称 |
| ･ 　･ |  |  |  |
| ･ 　･ |  |  |  |
| ･ 　･ |  |  |  |
| ･ 　･ |  |  |  |
| ･ 　･ |  |  |  |
| ･ 　･ |  |  |  |
| ･ 　･ |  |  |  |
| ･ 　･ |  |  |  |
| ･ 　･ |  |  |  |
| ･ 　･ |  |  |  |
| ･ 　･ |  |  |  |
| ･ 　･ |  |  |  |
| ･ 　･ |  |  |  |
| ･ 　･ |  |  |  |
| ･ 　･ |  |  |  |
| ･ 　･ |  |  |  |
| ･ 　･ |  |  |  |
| ･ 　･ |  |  |  |
| ･ 　･ |  |  |  |
| ･ 　･ |  |  |  |

大阪府電設工業健康保険組合(6.4)