

# インフルエンザ予防接種者名簿

| 事業所<br>番号 |      |       |     |      |       |
|-----------|------|-------|-----|------|-------|
| No.       | 会員番号 | 接種会員名 | No. | 会員番号 | 接種会員名 |
| 1         |      |       | 21  |      |       |
| 2         |      |       | 22  |      |       |
| 3         |      |       | 23  |      |       |
| 4         |      |       | 24  |      |       |
| 5         |      |       | 25  |      |       |
| 6         |      |       | 26  |      |       |
| 7         |      |       | 27  |      |       |
| 8         |      |       | 28  |      |       |
| 9         |      |       | 29  |      |       |
| 10        |      |       | 30  |      |       |
| 11        |      |       | 31  |      |       |
| 12        |      |       | 32  |      |       |
| 13        |      |       | 33  |      |       |
| 14        |      |       | 34  |      |       |
| 15        |      |       | 35  |      |       |
| 16        |      |       | 36  |      |       |
| 17        |      |       | 37  |      |       |
| 18        |      |       | 38  |      |       |
| 19        |      |       | 39  |      |       |
| 20        |      |       | 40  |      |       |