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| **(學校全銜)107年「特定人員」名冊尿液篩檢紀錄** | | | | | | | | | | | | |
| 編號 | 班級 | 學號 | 姓名 | 性別 | 特定人員 類別 | 備考欄 | 篩檢日期(須與月報符合) | | | | | |
|  |  |  |  |  |  |  | 8月 | 9月 | 10月 | 11月 | 12月 | 1月 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
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| 6 |  |  |  |  |  |  |  |  |  |  |  |  |
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| 10 |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |
| 備註：  1.如填寫需要，請自行延伸表格。  2.若有刪除、休學、畢業、新增等異動情形，請於備考欄處填註；依規定冊列特定人員每學期至少實施尿液篩檢2次以上。  3.**篩檢紀錄**請核章後傳真至本縣教育處學管科備查，學管科傳真電話號碼：（03）8462776。 | | | | | | | | | | | | |

承辦人： 主任： 校長：