**安南醫院實習學生名冊**

**學校名稱： 實/見習期間：**

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| **學生姓名** | **性別** | **系別/年級** | **學生**  **連絡**  **電話** | **緊急聯絡人/電話** | **Email**  **(俾利於注意事項及報到通知)** | **COVID-19**  **第1劑**  **施打時間**  **/疫苗名稱** | **COVID-19**  **第2劑**  **施打時間**  **/疫苗名稱** |
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【提醒】請同學於實/見習前，務必先加入本院LINE官方群組，以利本院即時聯繫，**LINE ID：@mof1656m**