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| 別紙3 | | | | | | | | |
| 受　診　勧　奨　業　務　従　事　者　名　簿 | | | | | | | | |
|
| 次のとおり、報告します。 | | | | | | | | |
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| 総括管理責任者 | 役職 |  | | | | | 氏名 |  |
| 部署管理者 | 役職 |  | | | | | 氏名 |  |
| 点検･監査管理者 | 役職 |  | | | | | 氏名 |  |
|  | | | | | | | | |
| 現場責任者 | 役職 |  | | | | | 氏名 |  |
| 現場責任補助者 | 役職 |  | | | | | 氏名 |  |
|  | | | | | | | | |
| 個人情報取扱者（作業従事者） | | | |  | 個人情報取扱者（作業従事者） | | | |
| 業務内容 | 氏名 | | |  | 業務内容 | | | 氏名 |
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| 令和　　　年　　　月　　　日 | | | | | | | | |
| 全国健康保険協会　兵庫支部長　様 | | | | | | | | |
|  | | | | | | | | |
|  | | | 所在地 | | | | | |
|  | | | | | | | | |
|  | | | 健診機関名 | | | ㊞ | | |