\_\_\_\_\_\_\_\_\_\_\_\_\_\_安親班

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| 成員 | 職稱 | 姓名 | 是否施打疫苗(8/18前) | 已施打疫苗者請檢附疫苗黃卡照片佐證，未施打疫苗者請檢附快篩證明(需附註檢驗日期~8/29後) |
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 請蓋事業單位大印

 負責人簽章