**110學年度○○○○活動人員名冊**

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| 主辦單位 | |  | | 活動名稱 | | |  | |
| 填表人姓名 | |  | | 填表人身分 | | |  | |
| 總人數 | |  | | 完整接種疫苗2劑且滿14天人數 | | |  | |
| 48小時內篩檢陰性證明人數 | |  | | 48小時內PCR檢驗陰性證明人數 | | |  | |
| **序號** | **姓名** | | **連絡電話** | | **接種疫苗2劑且滿14天** | **48小時內篩檢陰性證明** | | **48小時內PCR陰性證明** |
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| 12 |  | |  | |  |  | |  |

* 本表若不敷使用，請自行增列。