　　定期健康診断受診予定者名簿　　( 追加検査を希望する方は必ず○をつけてください )

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| 事業所 | |  | | | | | | | |  | | | ご担当 | | |  | | | | | 荘内地区健康管理センター  事業推進課  TEL：0235-22-6445  FAX：0235-25-2216  E-mail：kenshin@tsuruoka-med.jp | | |
| 事業所  所在地 | |  | | | | | | | | | | | 電話番号 | | |  | | | | |
| FAX番号 | | |  | | | | |
|  | 予約日 | 時間 | 氏名／カナ | | 性別 | 生年月日 | 年度年齢 | 健診コース | | | | | | | 特殊健診 | | | オプション検査 | | | | | 備考 |
| 定期A | 定期B | | 定期C | 雇用時 | | 特定  業務 | 有機 | | 特化物 | 胃 | 大腸 | 乳 | | 子宮 |
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　「乳」はマンモグラフィでの検査になります。乳房超音波検査をご希望の場合は備考にご記入ください。