療養状況調査票Ⅰ

（神経系統又は精神の障害となった原因となった傷病の療養状況）

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| １　被災日から治ゆ日までの療養歴（入院と通院を区分） | | | | | | | | | |
|  | 診断傷病名 | | 療養期間 | | | 医療機関名 | | | 入院／通院 |
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| ２　医療機関所在等  名　称：  所　在：  連絡先： | | | | | | | | | |