支部様式第２号

負　傷　部　位　略　図

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| （注）負傷部位に赤で印をすること。 | | | | | | | | | | | | | | | | |
| 作成年月日 | | | |  |  | | 年 | |  | | 月 |  | 日 | |  | |
| 作成者 | | 所属 |  | | | | | 職 | |  | | | | 氏名 | |  |
| 上記のとおり相違ないことを証明する。 | | | | | | | | | | | | | | | | |
|  | 所属長職・氏名 | | | | |  | | | | | | | | | | |