**機構名稱**

**111年○月份個案清冊**

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| 序號 | 身分證字號 | 個案姓名 | 失能等級 | 是否領有身障證明(請備註等級) |
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(請自行增列或刪減表格)

核章(大小章):

中華民國 年 月 日