様式第1号(その1)(第2条関係)

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| 台帳番号 |

身体障害者更生指導台帳

福祉事務所

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| (フリガナ)  氏名 | | |  | | | | | 手帳交付状況 | | 第　　号(　　種　　級)  年　　月　　日交付  (障害名) | | | | | | | | | | |
| 生年月日 | | |  | | | | |
| 職業 | | |  | | | | |
| 本籍地 | | | (県名のみ) | | | | |
| 住所 | | |  | | | | | 受傷の状況 | | (受傷の時期)  年　　　月頃  (主たる原因) | | | | | | | | | | |
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| 地区担当民生委員 | | |  | | | | |
| 生活歴 | (生育歴)  (最終学歴)  (職歴)  (既往歴) | | | | | | | | | | | | | | | | | | | |
| 同居の家族 | 続柄 | 氏名 | | | 性別 | 生年月日 | | | 職業 | | | 健康状態など | | | | | | | | |
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| 他法給付の状況  (年金・恩給) | | | | (種別) | (記号番号) | | (支給開始年月日) | | | | | | (給付機関名) | | | | | | | |
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| 加入保険 | | | | 国保、健保(政・組)、共済、労災、生保(支給開始　年　月　日)  (記号番号)(保険者名) | | | | | | | | | | | | | | | | |
|  | | | | | | | コード |  |  |  |  |  |  |  |  |  |