**（单位名称) 会员单位疫苗接种统计表**

填报人员： 联系电话： 报送日期: 月 日

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| **单位名称** | **应接种**  **人数** | **已接种人数** | | **未接种人数** | | | **接种率** |
| 完成第1剂 | 完成第2剂 | 有禁忌症 | 尚未安排 | 其他原因 |
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