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| **日期** | **加分項目** | **教師姓名/職編** |
|  | **□戒菸轉介: 人**

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| **班級** | **學號** | **姓名** | **手機** |
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| **日期** | **加分項目** | **教師姓名/職編** |
|  | **□緊急傷病轉介: 人****班級: 學號:****姓名:****請簡述傷病處理及輔導經過:** |  |