様式第2号(第4条関係)

通院証明書

|  |  |
| --- | --- |
| 通院者 | 住所  氏名 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 年　　　月分 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 31 |  | | | | | | | | | 計 | | 日 | | |
|  |
| 年　　　月分 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 31 |  | | | | | | | | | 計 | | 日 | | |
|  |
| 年　　　月分 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 31 |  | | | | | | | | | 計 | | 日 | | |
|  |
|  | | | | | | | | | | | 総計 | | 日 | | |

(通院した日に押印してください。)

　上記の者が通院したことを証明する。

　　　　　　年　　月　　日

医療機関名　　　　　　　　　　　　　　　印