（福島県市民交通災害共済組合用）

診　　断　　書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 傷病者 | | | 住所 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | | 明治  男　　大正  　　　昭和　　　　年　　　月　　　日生（　　　才）  女　　平成  令和 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受傷年月日 | | | | | | | 令和　　　年　　　月　　　日 | | | | | | | | | | | | 受傷理由 | | | | | | | |  | | | | | | | | | | |
| 傷病名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入院治療 | | | 日間  自令和　　　年　　　月　　　日・至令和　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | 令和　 　年 　　月 　　日  治　癒　見　込  治　　　　　癒 | | | | | | | | |
| 通院治療 | | | 日間（内実日数　　　　日）  自令和　　　年　　　月　　　日・至令和　　　年 月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通院の場合は必ず通院日に○印をつけてください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通　院　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 合計 |
| １月 | 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 |  |
| ２月 | 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 |  |  |  |
| ３月 | 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 |  |
| ４月 | 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 |  |  |
| ５月 | 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 |  |
| ６月 | 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 |  |  |
| ７月 | 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 |  |
| ８月 | 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 |  |
| ９月 | 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 |  |  |
| 10月 | 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 |  |
| 11月 | 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 |  |  |
| 12月 | 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 |  |

上記のとおり診断いたします。

令和　　　年　　　月　　　日 所在地

　　　　　　 名　称

　　　　　　　 　　　 医師名　　　 　　　　　　　　　　　　　　㊞