فرم بازدید و حضور بهورز در مدارس تحت پوشش

خانه بهداشت:.......................... مرکزخدمات جامع سلامت :.............................. نام بهورز : ....................... سال تحصیلی : ...............

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| نام مدرسه | مقطع | جنسیت | مدرسه مروج سلامت  می باشد؟ | | روز ارائه خدمات در مدرسه **(شنبه،یکشنبه و ...)** | **تاریخ بازدید** | | | | | | | | | | | | | علت عدم بازدید/ تاریخ بازدید مجدد |
| بلی | خیر | / / | | / / | / / | / / | / / | / / | / / | / / | / / | / / | / / | / / |
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