**通院証明書**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 所属 |  | | | | | | | | | | | 認定番号 | | | | |  | | | | | | | |
| 氏名 |  | | | | | | | | | | | 傷病名 | | | | |  | | | | | | | |
| 通院方法 | 汽車 | | | | | バス | | | | | | | | タクシー | | | | | | その他（　　　　） | | | | |
| 通院日 | 月 | 1 | 2 | 3 | 4 | | 5 | | 6 | 7 | 8 | | 9 | | 10 | 11 | 12 | 13 | 14 | | 15 |  | 計　日 | |
| 16 | 17 | 18 | 19 | | 20 | | 21 | 22 | 23 | | 24 | | 25 | 26 | 27 | 28 | 29 | | 30 | 31 |
| 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 |
| 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 |
| タクシー  利用の場合  通院にタクシーを必要とした理由（具体的に記載してください。） |  | | | | | | | | | | | | | | | | | | | | | | | |
| 備考 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 上記のとおり相違ないことを証明します。  　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 病院又は  診療所の | | | | | | | | 所在地 | | | |  | | | | | | | | | | | | |
| 名称 | | | |  | | | | | | | | | | | | |
| 担当医師 | | | |  | | | | | | | | | | | |  |

（注）実際に診察のため、通院した日に○印を付すること。