様式第1号(第2条関係)

　知的障害者療育手帳交付台帳

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| 手帳発行 | 手帳番号 | 交付年月日 | 再交付年月日 | 氏名 | 性別 | 住所 | 生年月日 | 障害の状況 | | | 判定機関名施設名 | 備考 |
| 判定年月日 | 判定 | 次判定年月日 |
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