预防接种异常反应鉴定委托书

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 移交鉴定单位 | 名 称 | |  | | | | | | | | 经办部门 | | | | | | | | | |  | | | | |
| 地 址 | |  | | | | | | | | 邮政编码 | | | | | | | | | |  | | | | |
| 联系人姓名 | |  | | 联系电话 | | | | | | 1. ② | | | | | | | | | | | | | | |
| 当  事  人 | 委托代理人  姓 名 | |  | | 工 作 单 位 | | | | | |  | | | | | | | | | | | | | | |
| 个人证件名称 | | | | | |  | | | | | 身份证号 | | | | | | |  | | |
| 与患者关系 | |  | | 联 系 电 话 | | | | | | 1. ② | | | | | | | | | | | | | | |
| 现 住 址 | |  | | | | | | | | | | | | | | | | | 邮 政  编 码 | | | |  | |
| 患 者  姓 名 | |  | | 性别 | |  | 年龄 |  | | 职业 |  | | | 民族 | |  | | | 身份证  号 码 | | | |  | |
| 接种疫苗名称 | |  | | | | | | 接种时间 | | | | | | | | | |  | | | | | | |
| 就诊科别 | |  | | | 病 案 号 | | |  | | | | 疾病诊断 | | | | | |  | | | | | | |
| 就诊医疗机构 | |  | | | | | | | | | | | | | | | 联系人 | | | | | | |  |
| 联系电话 | |  | | | | | | | 邮政编码 | | | | | | | |  | | | | | | | |
| 接种机构 | 接种机构名称 | | |  | | | | | | | | | | 法人代表  姓 名 | | | | | | | |  | | | |
| 接种机构联系人 | | |  | | | | | | | | | | 联系电话 | | | | | | | |  | | | |
| 疫苗生产企业 | | 疫苗生产企业名称 | |  | | | | | | | | | | 疫疫苗生产批号 | | | | | | | |  | | | |
| 疫苗生产企业联系人 | |  | | | | | | | | | | 联系电话 | | | | | | | |  | | | |
| 预防接种异常反应  调查诊断结论 | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 委托鉴定事由（简要接种、医疗经过；争议要点；鉴定要求等，可另附页）  委托代理人签名：  移交鉴定部门（公章）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |