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| 通勤災害連絡票 | | | | | | | | | | | | |
| 所属 |  | | | | | | | 職種 |  | | | |
| 氏名 |  | | | | | | | ふりがな |  | | | |
| 住所 |  | | | | | | | | | | | |
| 電話番号 | ― | | | | | | | | | | | |
| E-Mail | ＠ | | | | | | | | | | | |
| 通勤災害に関する事項 | | | | | | | | | | | | |
| 指定病院 | | 名称 | |  | | | | | | | | |
| 住所 | |  | | | | | | | | |
| 電話番号 | |  | | | | | | | | |
| 傷病の部位及び状態 | |  | | | | | | | | | | |
|  | | | | | | | | | | |
| 災害発生日時 | | 令和 年 月 日 時 分頃 | | | | | | | | | | |
| 災害発生場所 | |  | | | | | | | | | | |
| 災害の発生状況 | |  | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| 災害の原因 | |  | | | | | | | | | | |
| 現認者 | | 氏名 | |  | | | | | | | | |
| 住所 | |  | | | | | | | | |
| 電話番号 | |  | | | | | | | | |
| 就業場所 | |  | | | | | | | | | | |
| 出社時刻 | | 時 分 | | | | | 退社時刻 | | | | 時 分 | |
| 通勤 | | ✓ | 経路 | | | | | | | 方法 | | 所要時間 |
|  | 自宅 | | ― |  | | | |  | | 分 |
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|  |  | | ― | 会社 | | | |  | |  |