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| **ADI SOYADI** |  |
| **T.C. KİMLİK NO** |  |
| **D.YERİ/TARİHİ** |  |
| **GÖREVİ** |  |
| **ÇALIŞTIĞI BİRİM** |  |
| **KAN GRUBU** |  |
| **BOY/ KİLO** |  |
| **KRONİK HASTALIKLARI** |  |
| **SİGARA KULLANIMI** |  |
| **ALERJİK DURUM** |  |

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| **İLK İŞE GİRİŞTE YAPILACAK TETKİKLER** | | **DEĞERLENDİRME** |
| **Anti Hbs** |  |  |
| **Anti HCV** |  |
| **HbsAg** |  |
| **Anti HIV** |  |

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|  | **SAĞLIK TARAMALARI** | | | | | | | | | |
| **TARİH** | | **Anti HIV** | **Anti HBS** | **HbsAg** | **Anti HCV** | **AKCİĞER GRAFİSİ** | **PORTÖR TARAMALARI** | **RADYOLOJİ TARAMALARI** | **PERSONEL İMZA** | **DEĞERLENDİRME** |
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KONTROL EDEN