# 附件 2

# 叶酸发放登记册

县 乡 村

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | 年龄 | 孕产次 | 是否高危 | 计划妊  ♘ 时间 | 第一次发放日期 | 发放人 | 领取人 | 第二次发放日期 | 发放人 | 领取人 | 第三次发放日期 | 发放人 | 领取人 | 第四次发放日期 | 发放人 | 领取人 | 第五次发放日期 | 发放人 | 领取人 | 第六次发放日期 | 发放人 | 领取人 | 共计服药天数 | 末次月经 | 备注 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |