**แบบฟอร์มที่ 1 รายงานการทบทวนสถานการณ์โรคและภัยสุขภาพของหน่วยงาน**

แบบฟอร์มที่ 1

**หน่วยงาน :**

**สถานการณ์โรคและภัยสุขภาพ (ความเป็นมา สาเหตุ เป็นต้น)**

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**ผู้รับผิดชอบ**.............................................................ตำแหน่ง.............................**วันที่.**.............................