令和　　年　　月　　日

介護予防事業実施報告書

介護予防事業の名称　　　　　　　　　　　　　　　　.

　代　表　者　氏　名　　　　　　　　　　　　　　　　.

令和　　年度の実施状況について、下記のとおり報告します。

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| 月日 | 曜日 | 時間  (ｈ) | 参加人数 | | | ｽﾀｯﾌ  人数 | 内　容 | 月日 | 曜日 | 時間  (ｈ) | 参加人数 | | | ｽﾀｯﾌ  人数 | 内　容 |
| 男 | 女 | 計 | 男 | 女 | 計 |
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| 開催日数 |  | 延参加人数 |  |
| 特記事項 |  | | |