**SITUATION VACCINALE**

**LIGUE** : **ORIENTALE**

**CLUB** :

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| NOM & PRENOM | PROFIL  (JOUEUR/STAFF) | SITUATION VACCINALE | | | OBSERVATION |
| **TYPE VACCIN** | **DATE**  **1er Dose** | **DATE**  **2ème Dose** |
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**SIGNATURE :**