防制學生藥物濫用尿液快速檢驗試劑檢驗名冊

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 學校名稱: 採尿日期： | | | | | | | | | | |
| 序號 | 班級 | 學生學號 | 性別 | | **陰性** | **陽性** | | | | |
| 男 | 女 | MET  安非他命 | MDMA  搖頭丸 | KET  K他命 | BZD  苯二氮 | THC  大麻 |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |

共( )人

\*\*\*備註\*\*\*

檢驗試劑呈現初篩陽性時，請填寫“**試劑複驗監管紀錄表”**，並將**呈現陽性反應檢驗試劑** + **檢體** + **監管紀錄表** 交至彰化縣校外會，電話7278585。