**SEZNAM OSEB (zaposleni, pogodbeni partnerji in študenti na delovni praksi), KI SO IZRAZILI INTERES ZA CEPLJENJE PROTI COVID-19**

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| **ZAP. ŠT.** | **IME IN PRIIMEK** | **DATUM ROJSTVA** | **STATUS**(zaposlen, študent, pogodbeni partner) | **KONTAKT** (tel.št.) |
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