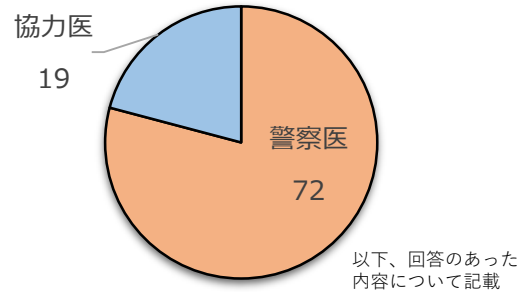
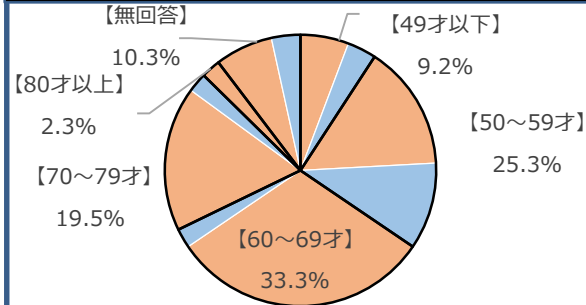


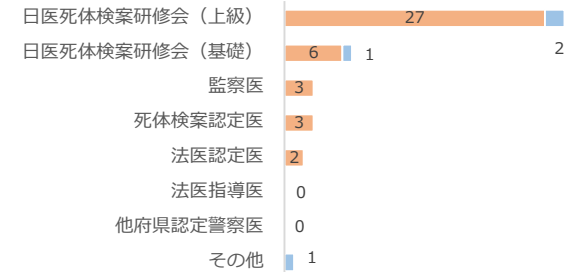
### 1. アンケート配付先



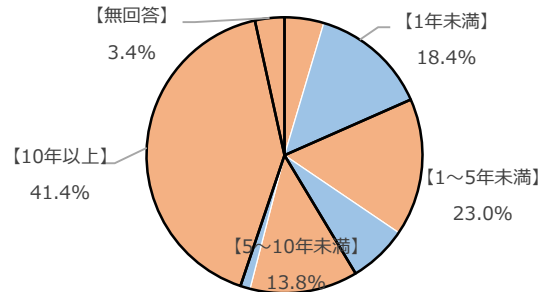
### 2. 年齢層



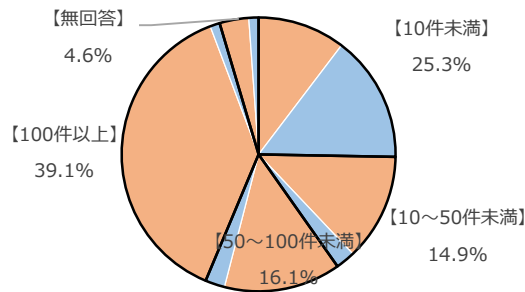
### 3. 資格取得



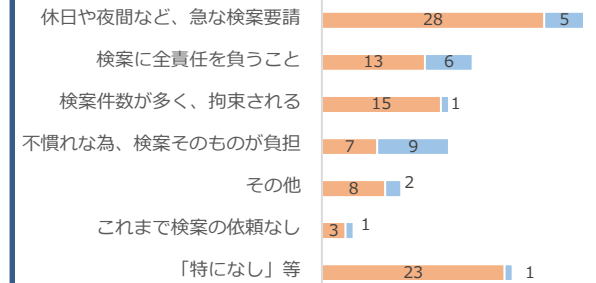
### 4. 経験年数



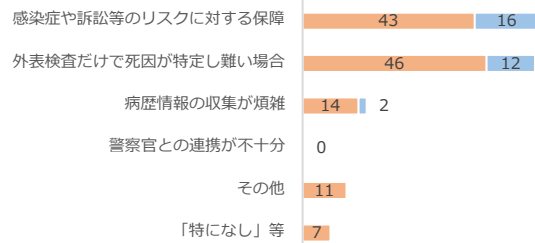
### 5. 年間検案数



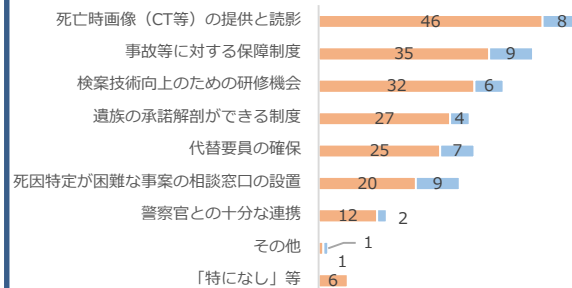
### 6. 負担に感じていること



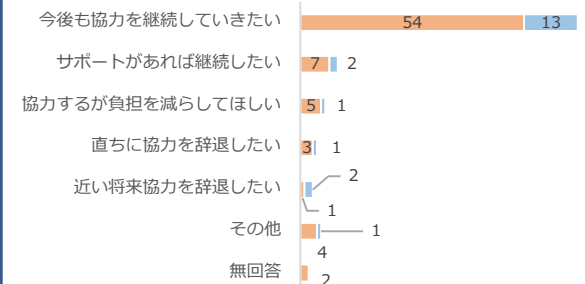
### 7. 課題と感じていること



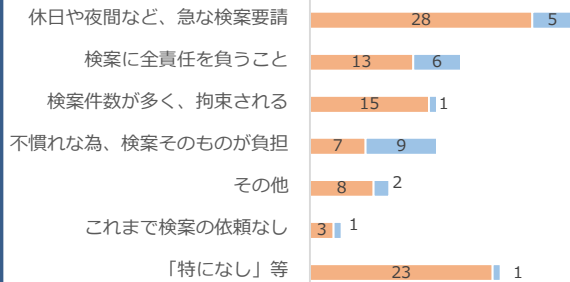
### 8. 必要なサポート



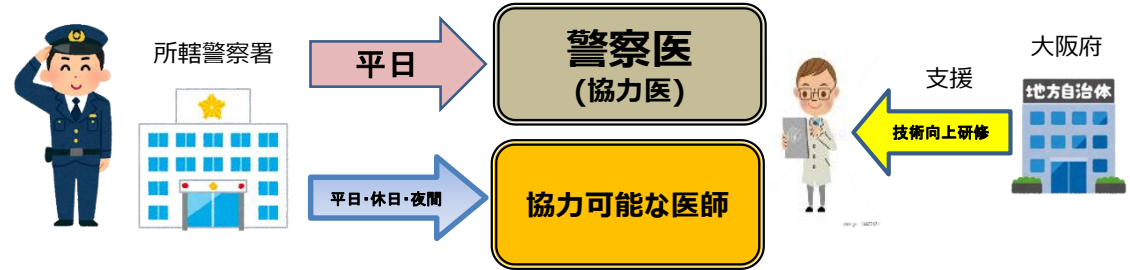
### 9. 今後の協力意向



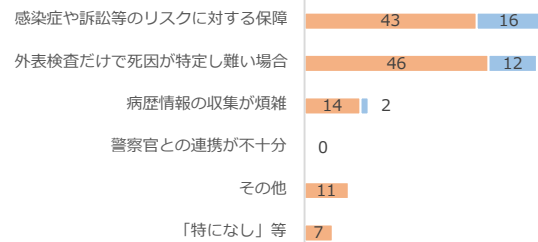
## 負担に感じていること



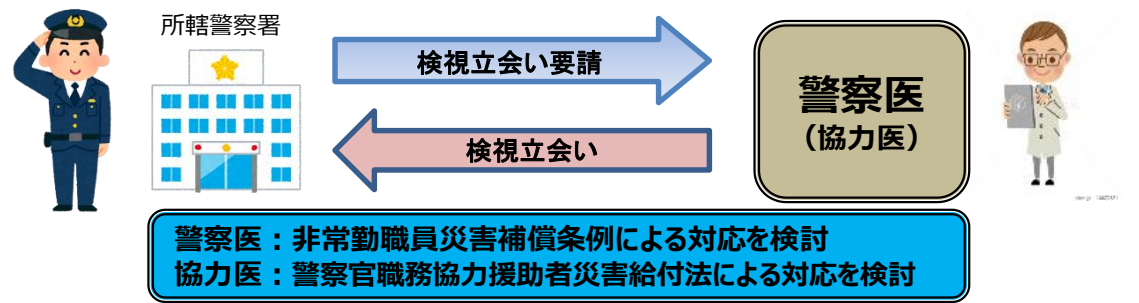
## 急な検案要請に対する協力可能な医師の確保



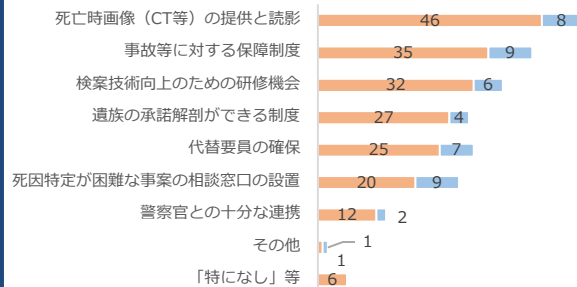
## 課題と感じていること



## 感染症やケガに対する災害補償



## 必要なサポート



## CT画像と所見の提供

