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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Código: | | | | | | | | |  | | | | | | | |
| Nombres y Apellidos: | | | |  | | | | | | | | | | | | |
| Proyecto curricular: | | | |  | | | | | | | | | | | | |
| Lugar de nacimiento: | | | |  | | | Fecha de Nacimiento | | dd | | mm | | | aa | | |
|  | |  | | |  | | |
| Edad | | | |  | | | | | Sexo: F M | | | | | | | |
| Dirección: | | | |  | | | | | | | | Teléfono: | | |  | |
| Apoyo Alimentario  Ingreso a Deportes | | | | | | | | | | | | | | | | |
| ANTECEDENTES: | | | | | | | | | | | | | | | | |
| Patológicos: | | | |  | | | | | | | | | | | | |
| Quirúrgicos: | | | |  | | | | | | | | | | | | |
| Traumatológicos: | | | |  | | | | | | | | | | | | |
| Alérgicos: | | | |  | | | | | | | | | | | | |
| Familiares: | | | |  | | | | | | | | | | | | |
| Otros: | | | |  | | | | | | | | | | | | |
| T.A.: |  | FC: |  | | PESO: |  | TALLA: |  | | I.M.C. | |  | R.H: | | |  |
| Hallazgos importantes al examen físico: | | | |  | | | | | | | | | | | | |
| Impresión diagnóstica: | | | |  | | | | | | | | | | | | |
| Recomendaciones: | | | |  | | | | | | | | | | | | |
| Apto: SI  NO | | | | Firma y sello: | | | | | | | | | | | | |
| Registro médico: | | | | |  | | | | | | | |