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| Matricula  | Nombre | Fecha de nacimiento | Grupo sanguíneo | Alergias o enfermedades | Persona a contactar en caso de emergencia (nombre y celular) | Firma de exclusión de responsabilidades |
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| Profesor solicitanteNombre y Firma | RevisóJefe de DivisiónNombre y Firma | AutorizóSubdirección AcadémicaNombre y Firma |