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|  | |  |  | |  | | **EXÁMEN DE INGRESO A LA ESCUELA SECUNDARIA** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | |  | | | | | |
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| **1)** | | DATOS DEL POSTULANTE | | | | | | | | | | | | | |  | |  | | | |  | |  |  |  |  |  | | |  | | |  | | | |  | |  | |
|  | | Apellidos y Nombres: ........................................................................................ | | | | | | | | | | | | | | | | | | | | | | | | | | D.N.I. Nº ....................... | | | | | | | | | | | | | | | | | | |
|  | | Domicilio ................................................................................................................................................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | |  | |  | | | Día | | | | Mes | | Año | |  | | | |  | |  |  | Masc. | | Fem. | | | | | | | | |  | |  | | | |  | | | | | |
|  | | Fecha de Nacimiento | | | | | | | |  | | | |  | |  | | Edad | | | |  | |  | Sexo |  |  |  | | |  | | |  | | | |  | |  | |
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|  | | Convive con el niño | | | | | | | | Madre | | | | | |  | | Padre | | | |  | |  | Ambos | |  | Otros | | | | | | | | |  | |  | | | |  | | | | | |
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|  | | Número de hermanos | | | | | | | |  | | | |  | | ¿Hay algún familiar enfermo? | | | | | | | | | | SI |  | NO | | |  | | |  | | | |  | |  | |
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|  | | ¿De qué? ................................................................................................................................................. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | ¿Tuvo alguna intervención quirúrgica? | | | | | | | | | | | | | | | |  | | | | SI | |  |  |  | NO |  | | |  | | |  | | | |  | |  | |
|  | | ¿Cuál? ..................................................................................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2)** | | EXÁMEN FÍSICO (\*) | | | | | | | |  | | | |  | |  | |  | | | |  | |  |  |  |  | Mx | | |  | | |  | | | |  | |  | |
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|  | | Frecuencia Card. | | | | | |  | | |  | | |  | | x" | | Frec. Resp. | | | |  | |  |  | x" | Tens. Art. | | | Min. | | |  | | |  | | |  | | |  | | | | | |
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|  | |  |  | | Peso: | |  | | | Kgs | | | |  | |  | | Talla | | | |  | |  | Cm |  |  |  | | |  | | |  | | | |  | |  | |
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|  | | a) | ALTERACIONES DE PIEL (nódulos, manchas, placas) | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | |  | | |  | | | |  | |  | |
|  | | b) | HERNIAS | | | | |  | | |  | | |  | |  | |  | | | |  | |  |  |  |  |  | | |  | | |  | | | |  | |  | |
|  | | c) | AUSCULTACIÓN RESPIRATORIA ANORMAL | | | | | | | | | | | | | | | | | | | |  | |  |  |  |  | | |  | | |  | | | |  | |  | |
|  | | d) | AUSCULTACIÓN CARDÍACA ANORMAL | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  | | |  | | |  | | | |  | |  | |
|  | | e) | ESCOLIOSIS / XIFOSIS | | | | | | | | | | | | |  | |  | | | |  | |  |  |  |  |  | | |  | | |  | | | |  | |  | |
|  | | f) | TIROMEGALIA | | | | | | |  | | | |  | |  | |  | | | |  | |  |  |  |  |  | | |  | | |  | | | |  | |  | |
|  | | g) | EXÁMEN ABDOMINAL ANORMAL | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  | | |  | | |  | | | |  | |  | |
|  | | h) | ALTERACIONES NEUROLÓGICAS | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  | | |  | | |  | | | |  | |  | |
|  | | i) | ECTOPÍA TESTICULAR | | | | | | | | | | | | |  | |  | | | |  | |  |  |  |  |  | | |  | | |  | | | |  | |  | |
|  | | j) | ENURESIS | | | | |  | | |  | | |  | |  | |  | | | |  | |  |  |  |  |  | | |  | | |  | | | |  | |  | |
|  | | k) | MALFORMACIONES CONGENITAS Y/O ADQUIRIDAS | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | |  | | |  | | | |  | |  | |
|  | | l) | ALTERACIONES AGUDEZA VISUAL (Test Lectura) | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | |  | | |  | | | |  | |  | |
|  | | m) | ALTERACIONES AUDICIÓN (Test Palabras murmuradas) | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | |  | | |  | | | |  | |  | |
|  | | n) | OTRAS | | | | |  | | |  | | |  | |  | |  | | | |  | |  |  |  |  |  | | |  | | |  | | | |  | |  | |
|  | | (\*) | En caso de detectarse anormalidades, detallarlas en el apartado | | | | | | | | | | | | | | | | | | | | | | |  |  |  | | |  | | |  | | | |  | |  | |
| **3)** | | INMUNIZACIONES : Deberá presentar constancia | | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  | | | SI | | |  | | | | NO | |  | |
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|  | | ¿Tiene Sabín Oral (Antipoliomielítica)? | | | | | | | | | | | | | | | |  | | | |  | |  |  |  |  |  | | |  | | |  | | | |  | |  | |
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|  | | ¿Tiene nódulo por BCG anterior? | | | | | | | | | | | | | |  | |  | | | |  | |  |  |  |  |  | | |  | | |  | | | |  | |  | |
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|  | | ¿Tiene Doble (Antitetánica - Antidiftérica) | | | | | | | | | | | | | | | | | | | |  | |  |  |  |  |  | | |  | | |  | | | |  | |  | |
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| OBSERVACIONES: ............................................................................................................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| APTO PARA REALIZAR ACTIVIDADES FÍSICA | | | | | | | | | | | | | | | | | | | | |  | | |  |  |  | | | | | | | | | | | | | | | | | |
|  | |  |  | |  | |  | | |  | | | |  | |  | |  | | | |  | |  |  |  | Firma y Sello del Médico | | | | | | | | | | |  | |  | |
|  |
| DATOS A COMPLETAR POR EL PADRE, MADRE, TUTOR O RESPONSABLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | |  | | | |  | | | | |
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| ¿Posees Obra Social?........¿Cuál?............................................................................................................................................ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| En caso de necesitar Estudios o Internación ¿Dónde debe ser trasladado el estudiante bajo su cargo? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | |
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|  | |  |  | | (En caso de no indicarse, será trasladado al Hospital "Juan Pablo II") | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | |  | | | |  | |  | |
| T.E. de Contacto Fijo: ..................................................Cel: ........................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Lugar y fecha Corrientes .........de ..................................2.0 ....... | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | | |  | | |  | | | |  | |  | |
| Firma y Aclaración del Padre, Madre, Tutor o Responsable ........................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

