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| **DATOS DEL FUNCIONARIO** | | | | | | | | | | | |
| **Nombre** | | |  | | | **Dependencia** | |  | | | |
| **COMPONENTES** | | | | | | | | | | | |
| **Salud** |  | | | **Psicosocial** |  | | **Seguridad** |  | **Otro** |  | |
| **SEGUIMIENTO** | | | | | | | | | | | |
| **Fecha** | | **Observación** | | | | **Compromisos** | | | | | **Firmas de los responsables** |
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