

Ministerio de
Salud



Buenos Aires
La Provincia

00330270+1

CERTIFICADO N°: ARG-02-00008463791-20130213-20230213-BS-358

CERTIFICADO DE DISCAPACIDAD

Ley N° 22.431

APELLIDO Y NOMBRES: **DE LIO ABEL**

TIPO Y N° DOC.: **D.N.I. - M - 8463791**

N° CUIT/CUIL: **20084637913**

F/NACIMIENTO: **14/2/1950**

DIAGNOSTICO:

Obesidad

ES COPIA FIEL DEL ORIGINAL

MONICA M. BAIGORRIA
COORDINADORA

REAPASES Y FRANQUICIAS
SECRETARIA DE TRANSPORTE

DIAGNOSTICO FUNCIONAL:

FUNCIONES CORPORALES: **b540.3 b4108.3 b558.3 b2493.3 b559.3 b560.3 b561.3 b562.3 b563.3 b564.3 b565.3 b566.3 b567.3 b568.3 b569.3 b570.3 b571.3 b572.3 b573.3 b574.3 b575.3 b576.3 b577.3 b578.3 b579.3 b580.3 b581.3 b582.3 b583.3 b584.3 b585.3 b586.3 b587.3 b588.3 b589.3 b590.3 b591.3 b592.3 b593.3 b594.3 b595.3 b596.3 b597.3 b598.3 b599.3 b600.3 b601.3 b602.3 b603.3 b604.3 b605.3 b606.3 b607.3 b608.3 b609.3 b610.3 b611.3 b612.3 b613.3 b614.3 b615.3 b616.3 b617.3 b618.3 b619.3 b620.3 b621.3 b622.3 b623.3 b624.3 b625.3 b626.3 b627.3 b628.3 b629.3 b630.3 b631.3 b632.3 b633.3 b634.3 b635.3 b636.3 b637.3 b638.3 b639.3 b640.3 b641.3 b642.3 b643.3 b644.3 b645.3 b646.3 b647.3 b648.3 b649.3 b650.3 b651.3 b652.3 b653.3 b654.3 b655.3 b656.3 b657.3 b658.3 b659.3 b660.3 b661.3 b662.3 b663.3 b664.3 b665.3 b666.3 b667.3 b668.3 b669.3 b670.3 b671.3 b672.3 b673.3 b674.3 b675.3 b676.3 b677.3 b678.3 b679.3 b680.3 b681.3 b682.3 b683.3 b684.3 b685.3 b686.3 b687.3 b688.3 b689.3 b690.3 b691.3 b692.3 b693.3 b694.3 b695.3 b696.3 b697.3 b698.3 b699.3 b700.3 b701.3 b702.3 b703.3 b704.3 b705.3 b706.3 b707.3 b708.3 b709.3 b710.3 b711.3 b712.3 b713.3 b714.3 b715.3 b716.3 b717.3 b718.3 b719.3 b720.3 b721.3 b722.3 b723.3 b724.3 b725.3 b726.3 b727.3 b728.3 b729.3 b730.3 b731.3 b732.3 b733.3 b734.3 b735.3 b736.3 b737.3 b738.3 b739.3 b740.3 b741.3 b742.3 b743.3 b744.3 b745.3 b746.3 b747.3 b748.3 b749.3 b750.3 b751.3 b752.3 b753.3 b754.3 b755.3 b756.3 b757.3 b758.3 b759.3 b760.3 b761.3 b762.3 b763.3 b764.3 b765.3 b766.3 b767.3 b768.3 b769.3 b770.3 b771.3 b772.3 b773.3 b774.3 b775.3 b776.3 b777.3 b778.3 b779.3 b780.3 b781.3 b782.3 b783.3 b784.3 b785.3 b786.3 b787.3 b788.3 b789.3 b790.3 b791.3 b792.3 b793.3 b794.3 b795.3 b796.3 b797.3 b798.3 b799.3 b800.3 b801.3 b802.3 b803.3 b804.3 b805.3 b806.3 b807.3 b808.3 b809.3 b810.3 b811.3 b812.3 b813.3 b814.3 b815.3 b816.3 b817.3 b818.3 b819.3 b820.3 b821.3 b822.3 b823.3 b824.3 b825.3 b826.3 b827.3 b828.3 b829.3 b830.3 b831.3 b832.3 b833.3 b834.3 b835.3 b836.3 b837.3 b838.3 b839.3 b840.3 b841.3 b842.3 b843.3 b844.3 b845.3 b846.3 b847.3 b848.3 b849.3 b850.3 b851.3 b852.3 b853.3 b854.3 b855.3 b856.3 b857.3 b858.3 b859.3 b860.3 b861.3 b862.3 b863.3 b864.3 b865.3 b866.3 b867.3 b868.3 b869.3 b870.3 b871.3 b872.3 b873.3 b874.3 b875.3 b876.3 b877.3 b878.3 b879.3 b880.3 b881.3 b882.3 b883.3 b884.3 b885.3 b886.3 b887.3 b888.3 b889.3 b890.3 b891.3 b892.3 b893.3 b894.3 b895.3 b896.3 b897.3 b898.3 b899.3 b900.3 b901.3 b902.3 b903.3 b904.3 b905.3 b906.3 b907.3 b908.3 b909.3 b910.3 b911.3 b912.3 b913.3 b914.3 b915.3 b916.3 b917.3 b918.3 b919.3 b920.3 b921.3 b922.3 b923.3 b924.3 b925.3 b926.3 b927.3 b928.3 b929.3 b930.3 b931.3 b932.3 b933.3 b934.3 b935.3 b936.3 b937.3 b938.3 b939.3 b940.3 b941.3 b942.3 b943.3 b944.3 b945.3 b946.3 b947.3 b948.3 b949.3 b950.3 b951.3 b952.3 b953.3 b954.3 b955.3 b956.3 b957.3 b958.3 b959.3 b960.3 b961.3 b962.3 b963.3 b964.3 b965.3 b966.3 b967.3 b968.3 b969.3 b970.3 b971.3 b972.3 b973.3 b974.3 b975.3 b976.3 b977.3 b978.3 b979.3 b980.3 b981.3 b982.3 b983.3 b984.3 b985.3 b986.3 b987.3 b988.3 b989.3 b990.3 b991.3 b992.3 b993.3 b994.3 b995.3 b996.3 b997.3 b998.3 b999.3 b1000.3**

ESTRUCTURAS CORPORALES:

s4100.373 e598.370 s280.373

ACTIVIDAD / PARTICIPACION:

d8451.44 d410.33 d4500.33 d3504.33 d310.22 d115.33

FACTORES AMBIENTALES:

e5502.+4 e355.+4 e1101.+4 e5702.+4 e125.+3 e6801.+4 e1158.+4 e310..4

ORIENTACION PRESTACIONAL:

VENCIMIENTO:

El presente certificado tiene validez hasta el 13/2/2023

El presente certificado no comprende la evaluación de la capacidad laboral.

ACOMPAÑANTE:

"En los casos en que el tipo de discapacidad lo requiera, el pase indicará que también se cubra al acompañante."

Acompañante: **SI**

LUGAR Y FECHA DE EMISION

Lugar: **Tandil**

Fecha emisión: **14/2/2013**

EMITIDO POR LA JUNTA EVALUADORA DE LA DISCAPACIDAD DE:

Junta Evaluadora de Tandil

PROFESIONAL

FARINA Enrique Oscar
Lic. ENRIQUE O. FARINA
M.P. 81.004
PRESIDENTE
Junta Municipal de Discapacidad

Firma y sello

PROFESIONAL

LLOVERAS Gloria
Lic. GLORIA LLOVERAS
M.P. 70.554
PSICOLOGA
Junta Municipal de Discapacidad

Firma y sello

PROFESIONAL

IRIARTE Laura Corina
Lic. LAURA IRIARTE
M.P. 84.144
TRABAJADORA SOCIAL
Junta Municipal de Discapacidad

Firma y sello

Para constatar la veracidad de este certificado
consulte la página WEB: www.discapacidad.gov.ar

PhRP X DISCAP
Registro