


UEA : MINERA LA ZANJA S.R.L.
EMPRESA : MINERA LA ZANJA S.R.L.
APELLIDOS Y NOMBRES : SALVATIERRA DE RIOS MARGARITA YOLANDAxx

PRE-OCUPACIONAL

ANUAL ☒
RETIRO ☐
REUBICACIÓN ☐
N° DE FICHA: N009-SR000004856

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|---|-----|--|------|--|------|---|------|------|------|------|------|-------|----|----|----|----|----|----|----|-------|----|--|--|----|----|----|----|--|--|--|--|----|-----|------|------|------|------|------|------|-------|----|----|----|----|----|----|---|-------|--|--|--|--|--|--|--|
| FECHA DEL EXAMEN | | 13/07/2018 | | MINERALES EXPLOTADOS O PROCESADOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LUGAR Y FECHA NACIMIENTO | | DOMICILIO ACTUAL | | LUGAR DE LABOR | | ALTITUD DE LABOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - 13/07/1978 | | | | SUPERFICIE <input type="checkbox"/> | | DEBAJO DE 2500 m <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | CONCENTRADORA <input type="checkbox"/> | | 2501 a 3000 m <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | SUBSUELO <input type="checkbox"/> | | 3001 a 3500 m <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EDAD | | GÉNERO | | DNI | | ESTADO CIVIL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40 Años | | M <input checked="" type="checkbox"/> | | 21855323 | | SOLTERO <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | F <input type="checkbox"/> | | TELÉFONO | | CONVIVIENTE <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | VIUDO <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | CASADO <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | DIVORCIADO <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | ANALFABETO <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | PRIM. COMP <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | SEC. COMP <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | TÉCNICO <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | PRIM. INCOMP <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | SEC INCOMP <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | UNIVERSITARIO <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RUIDO | | <input type="checkbox"/> | | CANCERÍGENOS | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POLVO | | <input type="checkbox"/> | | MUTAGÉNICOS | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VIB SEGMENTARIA | | <input type="checkbox"/> | | SOLVENTES | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VIB TOTAL | | <input type="checkbox"/> | | METALES PESADOS | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | | TEMPERATURA | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | | BIOLÓGICOS | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | | POSTURAS | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | | TURNOS | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | | CARGAS | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | | MOV. REPET. | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | | PVD | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> | | OTROS | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describir según corresponda | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Puesto al que postula: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Puesto actual: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reubicación: SI NO: X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANTECEDENTES OCUPACIONALES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (VER ADJUNTO HISTORIA OCUPACIONAL) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANTECEDENTES PERSONALES | | 8/11/2018 | | ALERGIAS | | hjjhn | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1/01/2000 | | CIRUGÍAS | | NIEGA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1/01/2000 | | DIABETES | | NIEGA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 1/01/2000 | | HTA | | NIEGA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANTECEDENTES FAMILIARES | | | | INMUNIZACIONES | | NÚMERO DE HIJOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIAGNÓSTICO | | COMENTARIO | | Descripción | | Nro. Dosis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PADRE | | OSTEOPOROSIS | | TETANO | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | GLAUCOMA | | | | Vivos | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MADRE | | ASMA BRONQUIAL | | INFLUENZA | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HERMANOS | | HEPATITIS B | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 0 | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INMUNIZACIONES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HÁBITOS | | TABACO | | ALCOHOL | | DROGAS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NADA | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POCO | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HABITUAL | | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXCESIVO | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TALLA | | PESO | | FUNCIÓN RESPIRATORIA ABS % | | TEMPERATURA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.63 mts | | 60.0 Kg | | FVC | | 4.13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | FEV1 | | 5.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IMC | | FEV1/FVC | | 121.1 | | CINTURA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22.58 | | FEF 25-75% | | 115.00 % | | 56 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | CONCLUSIÓN | | | | CADERA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 56 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACTIVIDAD FÍSICA:ACTIVO | | | | ICC | | 1.0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CABEZA | | Cabeza normo cefálica, cuero cabelludo con buena implantación | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CUELLO | | Cuello, normal, no se palpa tiroides | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NARIZ | | SIN ALTERACIÓN. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BOCA, AMÍGDALAS, FARINGE, LARINGE | | | | PIEZAS EN MAL ESTADO | | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Normales. | | | | PIEZAS QUE FALTAN | | - | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OJOS | | SIN CORREGIR | | CORREGIDA | | ENFERMEDADES OCULARES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | O.D | | O.I | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VISIÓN DE CERCA | | N/A | | N/A | | REFLEJOS PUPILARES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | N/A | | N/A | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VISIÓN DE LEJOS | | N/A | | N/A | | FONDO DE OJO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | N/A | | N/A | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VISIÓN DE COLORES | | N/A | | N/A | | TONOMETRÍA (PIO) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | N/A | | N/A | | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OIDOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Audición derecha 500 1000 2000 3000 8000 | | | | Audición izquierda 500 1000 2000 3000 8000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>Hz</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>4000</td> <td>6000</td> <td>8000</td> </tr> <tr> <td>dB(A)</td> <td>15</td> <td>15</td> <td>10</td> <td>35</td> <td>45</td> <td>55</td> <td>65</td> </tr> <tr> <td>dB(O)</td> <td>10</td> <td></td> <td></td> <td>45</td> <td>55</td> <td>45</td> <td>35</td> </tr> </table> | | | | Hz | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 | dB(A) | 15 | 15 | 10 | 35 | 45 | 55 | 65 | dB(O) | 10 | | | 45 | 55 | 45 | 35 | <table border="1"> <tr> <td>Hz</td> <td>500</td> <td>1000</td> <td>2000</td> <td>3000</td> <td>4000</td> <td>6000</td> <td>8000</td> </tr> <tr> <td>dB(A)</td> <td>10</td> <td>35</td> <td>45</td> <td>55</td> <td>25</td> <td>15</td> <td>5</td> </tr> <tr> <td>dB(O)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | Hz | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 | dB(A) | 10 | 35 | 45 | 55 | 25 | 15 | 5 | dB(O) | | | | | | | |
| Hz | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| dB(A) | 15 | 15 | 10 | 35 | 45 | 55 | 65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| dB(O) | 10 | | | 45 | 55 | 45 | 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hz | 500 | 1000 | 2000 | 3000 | 4000 | 6000 | 8000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| dB(A) | 10 | 35 | 45 | 55 | 25 | 15 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| dB(O) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTOSCOPIA | | OD CAE permeable, Membrana Timpanica indemne, color blanco nacarado, forma levemente cónica | | F. RESPIRATORIA | | 18 x min | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | OI CAE permeable, Membrana Timpanica indemne, color blanco nacarado, forma levemente cónica | | F. CARDIACA | | 76 x min | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Sat. O2 | | 90 % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | PRESIÓN ARTERIAL SISTÉMICA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | SISTÓLICA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 100 mmHg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | DIASTÓLICA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 60mmHg | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PULMONES | | NORMAL | | <input type="checkbox"/> | | ANORMAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DESCRIPCIÓN | | S/A: MURMULLO VESICULAR Y VIBRACIONES VOCALES PASAN BIEN EN AMBOS CAMPOS PULMONARES, NO RUIDOS AGREGADOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| APARATO CARDIOVASCULAR | | SIN ALTERACIONES. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MIEMBROS SUPERIORES | | SIN ALTERACIONES. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MIEMBROS INFERIORES | | SIN ALTERACIONES. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REFLEJOS OSTEO-TENDINOSOS | | SIN ALTERACIONES | | MARCHA | | SIN ALTERACIONES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COLUMNA VERTEBRAL | | SIN ALTERACIONES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | |
|--|--|---|-------------------------------------|---|--------------------------------------|-------------------------------|--------------------------------------|--|-------------------------------------|--------------------------|
| ABDOMEN | | Abdomen blando, depresible e indoloro, no se palpan masas, ruidos hidroaéreos normales. | | | | TACTO RECTAL | | | | |
| | | DIFERIDO | | <input type="checkbox"/> | ANORMAL | | <input checked="" type="checkbox"/> | | | |
| | | NORMAL | | <input type="checkbox"/> | OBS. | | DIFERIDO.asd | | | |
| ANILLO INGINALES | Anillos Inguinales, interno y externo normales, sin presenca de hernias. | | HERNIAS | AUSENTES | | | VARICES | AUSENTES | | |
| ÓRGANOS GENITALES | NORMAL | | | GANGLIOS | NORMAL, NO SE EVIDENCIA ADENOPATÍAS. | | | | | |
| LENGUAJE, ATENCIÓN, MEMORIA, ORIENTACIÓN, INTELIGENCIA, AFECTIVIDAD | | | | NORMAL | | | | | | |
|  | | VÉRTICES | JASON | | | SENOS | LIBRES. | | | |
| | | CAMPOS PULMONARES | NORMALES. | | | MEDIASTINOS | NORMALES. | | | |
| | | HILIOS | NORMALES. | | | SILUETA CARDIOVASCULAR | DIMENSIONES NORMALES. | | | |
| | | | | | | | | | | |
| N° Rx | 21855323 | | CONCLUSIONES RADIOGRÁFICAS | | | | | | | |
| FECHA | 25/07/2018 | | | | | | | | | |
| CALIDAD | BUENA | | | | | | | | | |
| SÍMBOLOS | | | | | | | | | | |
| 0/0 | 1/0 | 1/1, 1/2 | 2/1, 2/2, 2/3 | 3/2, 3/3, 3+ | A,B,C | St. | REACCIONES SEROLÓGICAS A LUES | | | |
| CERO | 1/0 | UNO | DOS | TRES | CUATRO | <input type="checkbox"/> | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NEGATIVO | | <input checked="" type="checkbox"/> | |
| SIN NEUMOCONIOSIS | | IMAGEN RADIOGRÁFICA DE EXPOSICIÓN A POLVO | | | CON NEUMOCONIOSIS | | | POSITIVO | | <input type="checkbox"/> |
| | | SOSPECHA | | | X | | | OTROS EXAMENES | | |
| GRUPO SANGUÍNEO | | | | FACTOR RH | | HB/HTO | | BK(ESPUTO): NEGATIVO : NO SE OBSERVA EL BACILO ACIDO ALCOHOL RESISTENTE (B.A.A.R.) | | |
| O | A | B | AB | Rh (+) | Rh (-) | g/dl / % | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | |
| EXAMEN DE ORINA | | | | | | | | | | |
| CONCLUSIÓN ELETROCARDIAGRAFICA | | | | | | | | | | |
| APTO PARA TRABAJAR | | MÉDICO: SAN LORENZO CLINICA COLEGIATURA N° 123456 | | | | | | | | |
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| | | | | | | | | | | |
| APTO | <input type="checkbox"/> | | | | | | | | | |
| NO APTO | <input type="checkbox"/> | | | | | | | | | |
| APTO CON RESTRICCIÓNES | <input type="checkbox"/> | | | | | | | | | |
| OBSERVADO | <input type="checkbox"/> | | | | | | | | | |
| DIAGNOSTICO | | | CIE 10 | RESTRICCIONES Y RECOMENDACIONES | | | | | | |
| TRAUMA ACÚSTICO AVANZADO BILATERAL | | | | . | | | | | | |
| HIPERCOLESTEROLEMIA | | | | SE RECOMIENDA ACUDIR A MEDICINA INTERNA PARA EVALUACIÓN Y ESTUDIO DE LA ELEVACIÓN DE COLESTEROL QUE SE ENCONTRÓ EN SU SANGRE. | | | | | | |
| OBTURACION LEVE DE ANGULO COSTOFRENICO | | | | CONTROL POR NEUMOLOGÍA | | | | | | |
| Declaro que las respuestas son ciertas según mi leal saber y entender. En caso de ser requeridos, los resultados del examen médico ocupacional podrán ser revelados conforme al artículo 25 de la ley Genral de Salud N°26842. | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | FIRMA DEL TRABAJADOR | | | HUELLA DIGITAL ÍNDICE DERECHO | | | |