**Área: «${area}»**

|  |  |  |  |
| --- | --- | --- | --- |
| **Operativo «${isOperative}»** |  | **Administrativo: «${isAdministrative}»** |  |

|  |  |  |
| --- | --- | --- |
| **Nombre del trabajador:** | **«${candidateName}»** | **Cedula: «${candidateId}»** |
| **Cargo de:** | **«${placeName}»** | **Fecha: «${currentDate}»** |

**Tipo de examen:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ingreso X** |  | **Egreso** |  | **Post-Incapacidad** |  | **Reubicación laboral** |

**Descripción exámenes de laboratorio:**

|  |  |
| --- | --- |
| **Examen médico con énfasis osteomuscular** | |
| **«${isAudiometria}»** | Audiometría |
| **«${isVisiometria}»** | Visiometria |
| **«${isEspirometria}»** | Espirometria |
| **«${isHemoglobina}»** | Hemoglobina |
| **«${isParcialOrina}»** | Parcial de Orina |
| **«${isGlicemia}»** | Glicemia |
| **«${isTrigliceridos}»** | Triglicéridos |
| **«${isColesterol}»** | Colesterol total |
| **«${isTamizajeVisual}»** | Tamizaje Visual |
| **«${isElectrocardiograma}»** | Electrocardiograma |
| **«${isOtros}»** | Otros Exámenes:  «${otrosList}» |

**Autorizado por Firma del trabajador**

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CC.