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| **Universidad Politécnica de Pachuca** |
| **Departamento de Actividades Deportivas y Culturales** |
| **Solicitud de Inscripción a Actividades Extracurriculares**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Fecha de inscripción** | | | Marca con una “X” la extracurricular que cursa | | | |  |  |  |  |  |  | | DIA | MES | AÑO | EXT.1 | EXT. 2 | EXT. 3 | |

1. **Datos personales.**

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| Nombre: | | |  | | | | | | |  |  | | | | | |  |  | | | | | | | | |
| Apellido Paterno | | | | | | |  | Apellido Materno | | | | | |  | Nombre (s) | | | | | | | | |
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| Carrera (P.E.): | | | |  | | | | | | | | | Matrícula: | |  | | | | Cuatrimestre que cursa: | | | | | | |  |
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| Dirección: | |  | | | | | | | | | | | |  | | | | | | | | | | |  | |
| Calle | | | | | | | | | | No. | | Colonia | | Municipio; Estado | | | | | | | | | C.P. | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Teléfono: |  | | | | | e-mail: | | | @micorreo.upp.edu.mx | | | | | | | | | | | Lengua materna: | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| En caso de emergencia llamar a: | | | | | | | |  | | | | | | | | | | | Parentesco: | | |  | | | | |
|  | | | | | | | |  | | | | | | | | | | |  | | |  | | | | |
| Teléfono emergencia: | | | | |  | | | | | | | Número de seguridad social N.S.S: | | | | | | | | |  | | | | | |
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| Extracurricular que cursara: | | | | | | |  | | | | | | | | | | | | | ID del grupo: | | |  | | | |

1. **Información Médica.**

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| Grupo y tipo sanguíneo: | |  | | ¿Es alérgico? | | | | | | | | | | | | | | Sí | | | | | | ( | | |  | | | | | ) | | No | | | | | | ( | |  | | | ) | ¿A qué? | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ¿Padece de alguna enfermedad crónica? | | | | | | Sí | | | ( |  | | | | ) | | | | | No | | | | | | | | | | | ( | | |  | | | ) | | | ¿Cuál? | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| ¿Qué lesiones importantes ha tenido? | | | | | | | | | Fractura | | | | | | | | | | |  | | | | | Traumatismo | | | | | | | | | | | | | | | |  | | | Desgarre | | | | | |  | | Distensiones | | | | | |  | Esguinces | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Otros: |  | | | | | | | | | | ¿Dónde? | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Grado de la lesión: | | | | | | | |  | | | |
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| ¿Toma medicamentos? | | | Sí | |  | | No | | | |  | | | | ¿Cuál? | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | ¿Por qué? | | | | | | | | |  | | | | | | | | |
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| ¿Presenta algún problema de la visión? | | | | | | | | | | | | | | | | | | | | | | | Sí | | | | | | | |  | | | | | | No | | | | | | |  | | | | ¿Cuál? | | | | | |  | | | | | | | | | | |
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| ¿Tiene el pie plano? | | | | Sí | | | |  | | | | | No | | | | | | | |  | | | | | | | | ¿Ha sido operado alguna vez? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Sí | | |  | | No | |  |
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| ¿De qué? | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Alguna información adicional: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | A | NA |

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| Nombre y firma de la o el estudiante |  | Nombre y firma de la o el docente |