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| **Seminario de Circo y emprendimiento.** | | |  |  |  |  | |  | | --- | |  | |  |
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|  | **FICHA DE DATOS PERSONALES** | | |  |  |  |  |  |
| **Nombre completo** | |  | |  |  |  |  |  |
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| **Edad** | |  | |  |  |  |  |  |
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| **Fecha de nacimiento** | | | |  |  |  |  |  |
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| **Rut.** | |  | |  |  |  |  |  |
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| **Dirección** | |  | |  |  |  |  |  |
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| **Teléfonos** | |  | |  |  |  |  |  |
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| **Dirección e-mail** | | | |  |  |  |  |  |
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| **Ultima experiencia Académica** | | | |  |  |  |  |  |
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| **Experinecia Laboral** | | | |  |  |  |  |  |
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| **Enfermedades Crónicas** | | | |  |  |  |  |  |
| **relevantes** | |  | |  |  |  |  |  |
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| **Alergias** | |  | | **Si** | **No** | **Cuales** |  |  |
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| **Operación** | |  | | **Si** | **No** | **Cuales** |  |  |
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| **En caso de emergencias** | | | |  |  |  |  |  |
| **avisar a** | |  | |  |  |  |  |  |
| **Nombre y teléfono** | | | |  |  |  |  |  |
| **Isapre** | |  | |  |  |  |  |  |
| **Fonasa** | |  | |  |  |  |  |  |
| **Seguros** | |  | |  |  |  |  |  |
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| **En caso de accidentes** | | | |  |  |  |  |  |
| **trasladar a :** | |  | |  |  |  |  |  |
| **Observaciones** | | | |  |  |  |  |  |
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