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|  |  |  | **PROCESO DE BIENESTAR INSTITUCIONAL** |
|  |  | **REGISTRO DIARIO DE ASESORÍA CON ENFERMERÍA** |
| ***Código:*** *FO-BIN-02* |  |  | ***Versión:*** *04* | ***Fecha de aprobación:*** *26(11/2024* | ***Página:*** *1 de 1* |
| **NOMBRE DEL RESPONSABLE:** | **CAMPUS:** | **MES/ AÑO:** |
| **DIA** | **HORA** | **NOMBRE** | **APELLIDOS** | **DOCUMENTO DE IDENTIDAD** | **EDAD** | **GENERO** | **ORIENTACIÓN****SEXUAL** | **CODIGO ESTUDIANTIL** | **PROGRAMA / DEPENDENCIA** | **GRUPO****POBLACIONAL** | **DESCRIPCIÓN** | **TELÉFONO** | **FIRMA** |
| **Femenino** | **Masculino** | **No binario** | **LESBIANA** | **GAY** | **BISEXUAL** | **TRANSEXUAL** | **HETEROSEXUAL** | **VICTIMA DEL CONFLICTO** | **DISCAPACIDAD** | **GEST. LACT.** | **ADOLESCENTE** | **AFRODESCENDIENTE** | **LGBTIQ+** | **INDÍGENA** | **OTROS** | NINGUNO |
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