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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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