**ASP** REGIONE CALABRIA

AZIENDA SANITARIA PROVINCIALE COSENZA

Stabilimento Ospedaliero “N. Giannettasio” – Rossano

**PROFILO DINAMICO FUNZIONALE (Lex 104/92)**

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| COGNOME | NOME | SESSO | NATO/A a | PROV. |
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| **PADRE**Cognome …………....................................................Nome……………………………………………………………………Nato a ………………………………………………………………….il………………………………………………………………………….Titolo di studio…………………………………………………….………………………………………………………………………….Professione…………………………………………………….. | **MADRE**Cognome ………….....................................................Nome……………………………………………………………………Nato a …………………………………………………………………il…………………………………………………………………………Titolo di studio………………………………………………………………………………………………………………………………..Professione……………………………………………………….. | **ALTRI FAMILIARI**……………………………………………………..……………………………………………………..………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
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| **FREQUENZA SCOLASTICA**□ Saltuaria □ RegolareInsegnante di sostegno: □ no □ si ore sett. ………………………Assistenza di Base: □ no □ si ore sett. ………………………Assistenza Educativa: □ no □ si ore sett. ……………………… | **TEMPO DI FREQUENZA SETTIMANALE**□ solo turno antimeridiano: n. ore …………………………………..□ orario normale: n. ore ………………………………………………….□ tempo prolungato: n. ore …………………………………………….□ tempo pieno: n. ore …………………………………………………….□ altro (specificare): …………………………………………………….. |
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Data di compilazione ……………………………………………………………… Certificato Ris. n. ………………. del ……………………………………….

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