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| ***I. DATOS GENERALES*** |  | |
| *FECHA* | | |
| *NOMBRE* | | *C.C.* |
| *DEPENDENCIA EN LA QUE TRABAJA* | | |
| *CARGO* | | TELÉFONO |
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| ***II. DIAGNÓSTICO*** |  | | | | | | |
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| ***III. ORIGEN*** |  | | | | | | |
| *Laboral* | |  | *Común* |  | Sin calificar |  |  |
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| ***IV. RECOMENDACIONES*** |  | | | | | | | |
| *Tipo de recomendación* | | | | | | | | |
| *Temporal* | | |  | *Definitiva* |  | *Tiempo Incapacidad* |  |  |
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| *Entidad que expide la recomendación* | | | | | | | | |
| *Fecha de expedición de la recomendación* | | | | | | | | |
| *Fecha en la que recibe la recomendación el/la servidor/a público/a* | | | | | | | | |
| *¿La entidad cumple con las recomendaciones?* | | | | | | | | |
| *SI* | |  | | *NO* |  |  | | |
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| ***Observaciones:*** | | | | |
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| *¿El trabajador cumple con las recomendaciones?* | | | | |
| *SI* |  | *NO* |  |  |
| ***Observaciones:*** | | | | |
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| NOMBRE DEL TRABAJADOR | FIRMA |

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| NOMBRE DE QUIEN REALIZA EL SEGUIMIENTO | FIRMA Y CARGO |