



APELLIDOS _____

NOMBRE _____

PRUEBA **PER - TIPO I-**

ESPECIALIDAD _____

FECHA DE LA PRUEBA **27/11/22**



DNI

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7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

Consiento expresamente la corrección de esta prueba, por medios manuales o mecánicos, y el tratamiento de sus resultados, de acuerdo a la normativa vigente en materia de protección de datos. Asimismo, me doy por enterado/a de mis derechos de acceso, rectificación, cancelación, portabilidad, impresión, limitación del tratamiento y oposición.

FIRMA _____



TIPO DE EXAMEN

2 3 4 5

6 7 8 9 10

(Por favor, al firmar no sobrepase la zona sombreada)

RESPUESTAS

1	<input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D	26	<input checked="" type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	51	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	76	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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APELLIDOS _____

NOMBRE _____

PRUEBA **PER - tipo 2 -**

ESPECIALIDAD _____

FECHA DE LA PRUEBA **27 / 11 / 22**



DNI

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7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

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FIRMA _____

(Por favor, al firmar no sobrepase la zona sombreada)



TIPO DE EXAMEN

1 3 4 5

6 7 8 9 10

RESPUESTAS						
1	A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/>	26	A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/>	51	A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/>	
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