**Anexo 10A**

**C.T. \_\_\_\_\_\_\_\_\_\_**

**CENSO DE LA POBLACIÓN FIJA QUE OCUPA EL PLANTEL CONCENTRADO**

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| **No.** | **NOMBRE** | **EDAD** | **DOMICILIO PARTICULAR** | **TELÉFONO** | **TIPO DE**  **SANGRE** | **IMPEDIMENTOS O**  **ALERGIAS** |
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| **Elaboró:** | | | | **Firma** | | |

**SELLO**