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| **№**  **п/п** | **ДАТА** | **Фамилия имя ребенка.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **УТРО** | | | | | | **ВЕЧЕР** | | |
| Сведения полученные от  родителей | to | Педикулез | Кожный покров | Стул | Роспись  родителя | to | Примечание | Роспись  родителя |
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