IPS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipio: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Niños(as) con peso: Inferior o Superior a 30kgs.

Adultos

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| INSUMOS | CANTIDAD | FECHA VENCIMIENTO | CUMPLE | CUMPLE PARCIAL | NO CUMPLE |
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| ANTICONCEPCION DE EMERGENCIA | | | | | |
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| PROFILAXIS PARA INFECCION DE VIH POR :\_\_\_\_\_\_\_ SEMANAS | | | | | |
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OBSERVACIONES:

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Funcionario Responsable IPS Funcionario Secretaría de Salud Pública