



NOMBRE _____ D.N.I. _____

APELLIDOS _____

PLAZA A QUE ASPIRA RELEVO ORDENANZA CENTRO SALUD OGÍJARES

RESPUESTAS (marque sólo una opción)

1. <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	22. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	43. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	64. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	85. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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3. <input type="radio"/> A <input checked="" type="radio"/> B <input type="radio"/> C <input type="radio"/> D	24. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	45. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	66. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	87. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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18. <input type="radio"/> A <input type="radio"/> B <input checked="" type="radio"/> C <input type="radio"/> D	39. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	60. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	81. <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D	<input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D
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