

Aktenführung JIAS Provider:

Name:

Geb. Dat.

Tel. Nr.

Handdominanz

Augendominanz

Fussdominanz

Wasserbecher

Kreuze einkreisen

Datum WP: DH R/L:

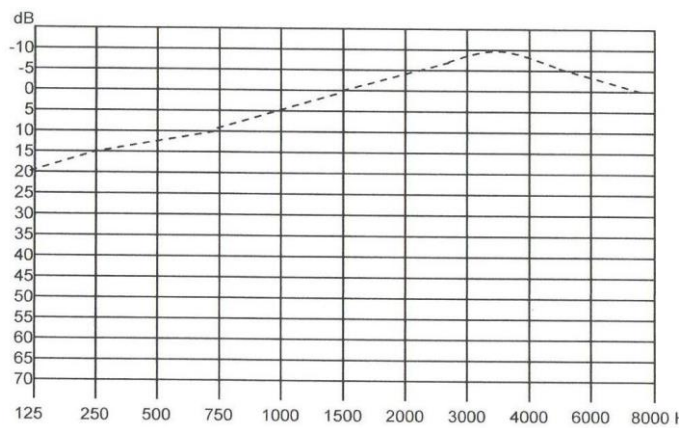
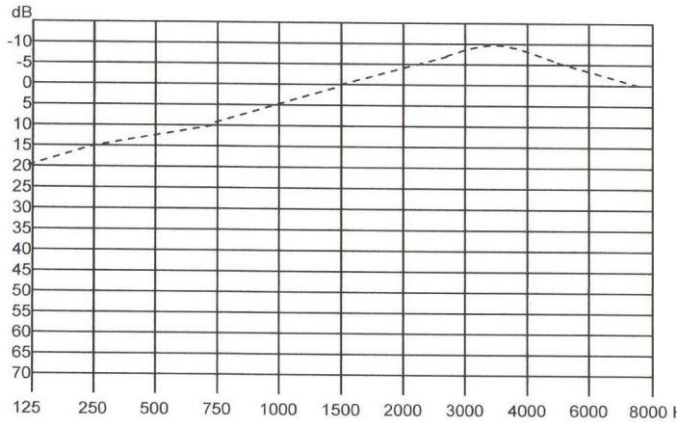
CD

Dauer Index:

Datum WP: DH R/L:

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Dauer Index:



Datum WP: DH R/L:

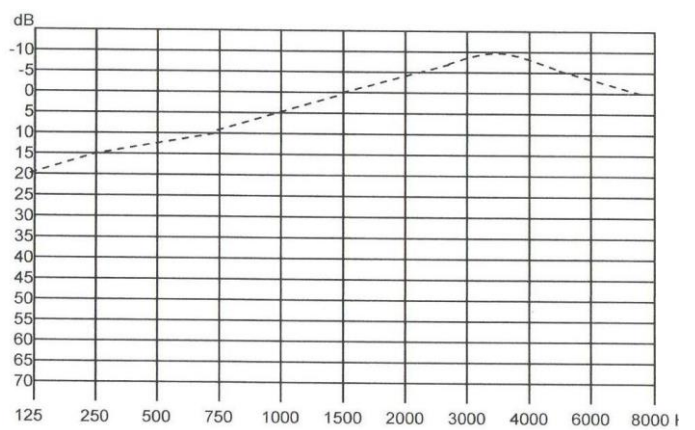
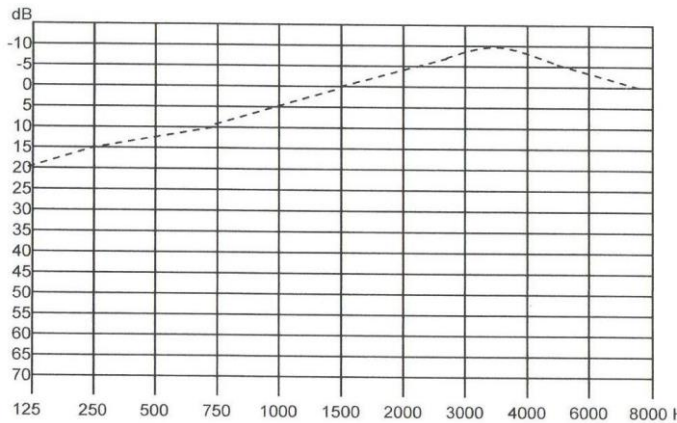
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