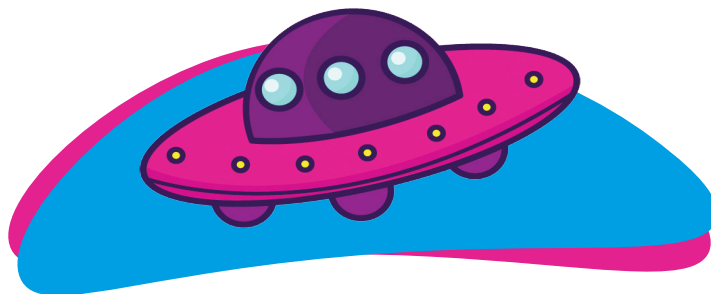
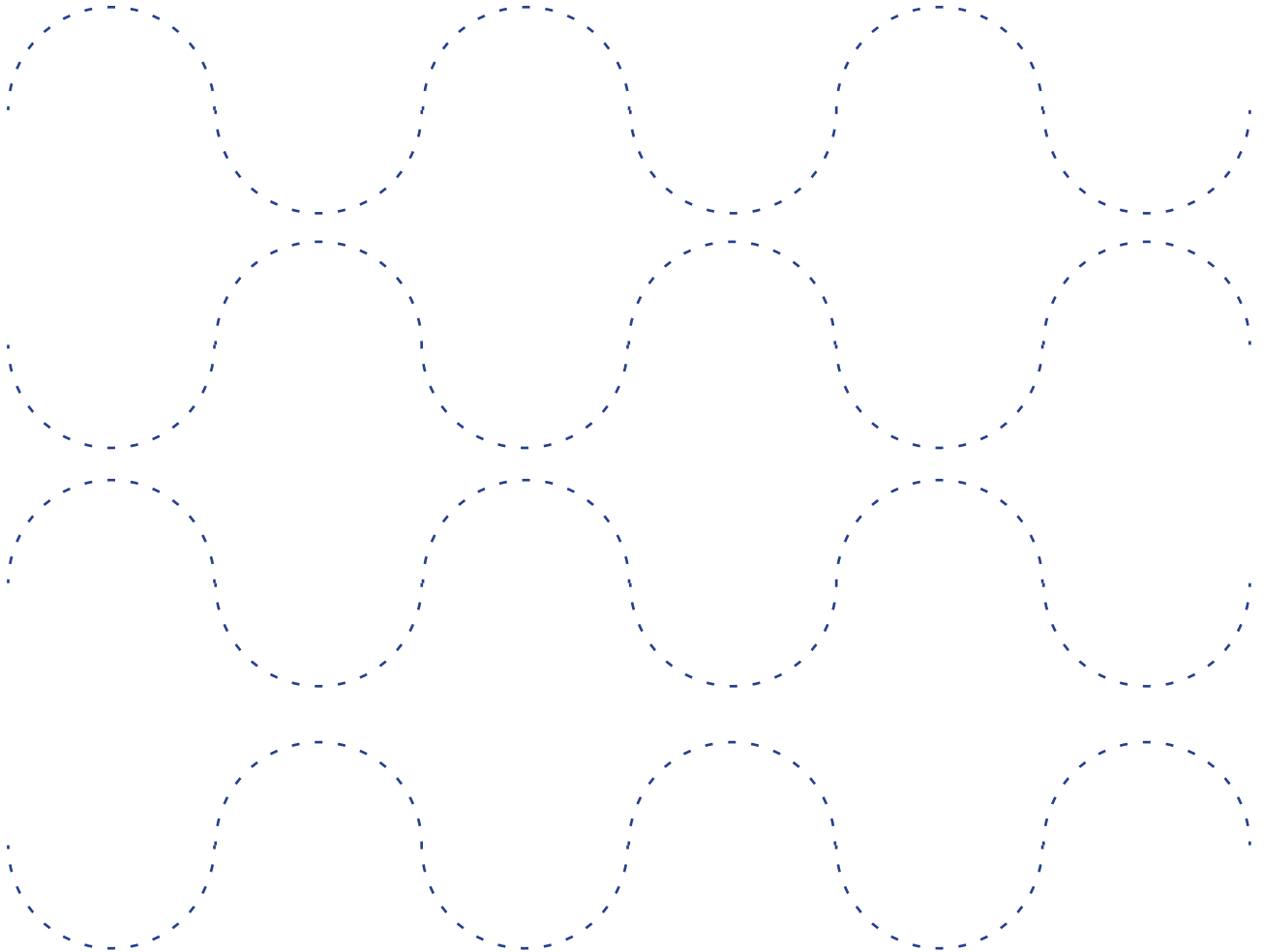


Nome: \_\_\_\_\_ Idade: \_\_\_\_\_

Espaço/ Instituição: \_\_\_\_\_ Data: \_\_\_/\_\_\_/\_\_\_

Cubra o tracejado



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Assinatura do Profissional