 Registro de las alergias

|  |  |  |  |
| --- | --- | --- | --- |
| **Nombre:** |  | | |
| Comida: | | reacción | fecha: |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| Medicamento: | | reacción: | fecha: |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| Otro: | | reacción: | fecha: |
|  | |  |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |