



1-361220



### PSU-RESMED/CE - 2017

Inscrição: 00608 / 001/40

Nome: ADRIANA BANHOS CARNEIRO

Data: 13/11/2016

RG: 2003009194792 - SSP/CE

Endocrinologia Pediátrica (R3) - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





2-682918



### PSU-RESMED/CE - 2017

Inscrição: 01800 / 002/40

Nome: ALAÍDE PINTO BESSA

RG: 2002009047457 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Data: 13/11/2016

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ●

Não marque assim:



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| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





3-351983



### PSU-RESMED/CE - 2017

Inscrição: 00643 / 003/40

Nome: ALMIRA CAROLINA PEREIRA DE ALMEIDA

Data: 13/11/2016

RG: 93013022130 - SSP/CE

Medicina Intensiva Pediátrica - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
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UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





4-865949



### PSU-RESMED/CE - 2017

Inscrição: 01764 / 004/40

Nome:ALYSSON FIGUEREDO DE BRITO

Data:13/11/2016

RG: 0187077620015 - SSP/MA

Neonatologia - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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5-214851



### PSU-RESMED/CE - 2017

Inscrição: 00710 / 005/40

Nome: ANA CAROLINA BASTOS MAGALHÃES DE FARIAS

Data: 13/11/2016

RG: 99010252524 - SSP/CE

Cardiologia Pediátrica

- PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





6-951326



### PSU-RESMED/CE - 2017

Inscrição: 00447 / 006/40

Nome: ANA CORINA BRAINER AMORIM DA SILVA

Data: 13/11/2016

RG: 2001010057837 - SSP/CE

Cardiologia Pediátrica

- PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

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|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
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| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
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| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
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| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





7-883194



### PSU-RESMED/CE - 2017

Inscrição: 02147 / 007/40

Nome: ANA MÔNICA PINTO MOREIRA

Data: 13/11/2016

RG: 2002002114060 - SSP/CE

Pediatria (R3) - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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8-659229



### PSU-RESMED/CE - 2017

Inscrição: 01002 / 008/40

Nome: BARBARA GÓIS CORDEIRO BARROSO

Data: 13/11/2016

RG: 2001010454232 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

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9-724813



### PSU-RESMED/CE - 2017

Inscrição: 01466 / 009/40

Nome: BRUNA GOMES SILVA DE LIMA

Data: 13/11/2016

RG: 0190530920019 - SSP/MA

Neonatologia - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

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| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





10-720296



### PSU-RESMED/CE - 2017

Inscrição: 01409 / 010/40

Nome: CAMILLA GOMES DA CRUZ

Data: 13/11/2016

RG: 2000002339928 - SSP/CE

Pediatria (R3) - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ●

Não marque assim:



- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





11-176282



### PSU-RESMED/CE - 2017

Inscrição: 00670 / 011/40

Nome: Cecília Maria brigido bezerra lima de carvalho

Data: 13/11/2016

RG: 2003002260943 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





12-64683



### PSU-RESMED/CE - 2017

Inscrição: 00489 / 012/40

Nome: CLARA SAKER SAMPAIO

Data: 13/11/2016

RG: 2002010507210 - SSP/CE

Medicina Intensiva Pediátrica - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





13-625717



### PSU-RESMED/CE - 2017

Inscrição: 01354 / 013/40

Nome: DANIELA COSTA DE OLIVEIRA SANTOS

Data: 13/11/2016

RG: 2002002094689 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
S

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





14-640135



### PSU-RESMED/CE - 2017

Inscrição: 00867 / 014/40

Nome: DÉBORA BARROS VIEIRA COSTA

Data: 13/11/2016

RG: 2003009013020 - SSP/CE

Medicina Intensiva Pediátrica - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





15-976913



### PSU-RESMED/CE - 2017

Inscrição: 02115 / 015/40

Nome: DEBORA PONTES AIRES AQUINO

Data: 13/11/2016

RG: 2003002100121 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





16-172040



### PSU-RESMED/CE - 2017

Inscrição: 01536 / 016/40

Nome: DOUGLAS PINHEIRO DIOGENES

Data: 13/11/2016

RG: 97013009918 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

- |    |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |







17-935505



### PSU-RESMED/CE - 2017

Inscrição: 01028 / 017/40

Nome: EUCILENE KÁSSYA BARROS DE OLIVEIRA

Data: 13/11/2016

RG: 2005009040619 - SSP/CE

Pediatria (R3) - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





18-30723



### PSU-RESMED/CE - 2017

Inscrição: 01238 / 018/40

Nome: GABRIELA FARIAS BARBOSA

Data: 13/11/2016

RG: 3138260 - SSP/PB

Cardiologia Pediátrica

- PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





19-869384



### PSU-RESMED/CE - 2017

Inscrição: 01945 / 019/40

Nome: GEORGE RAMOS SAMPAIO

Data: 13/11/2016

RG: 2000010239503 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





20-590583



### PSU-RESMED/CE - 2017

Inscrição: 02051 / 020/40

Nome: KIARA PONTES MELO

Data: 13/11/2016

RG: 91002197727 - SSP/CE

Medicina Intensiva Pediátrica - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





21-640940



### PSU-RESMED/CE - 2017

Inscrição: 01053 / 021/40

Nome: LAENA BARBOSA LEAL

Data: 13/11/2016

RG: 2006009106570 - SSP/CE

Endocrinologia Pediátrica (R3) - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





22-109796



### PSU-RESMED/CE - 2017

Inscrição: 00502 / 022/40

Nome: LARA BRAUN CARNEIRO

Data: 13/11/2016

RG: 2002002186141 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ●

Não marque assim:



- |    |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





23-295010



### PSU-RESMED/CE - 2017

Inscrição: 00773 / 023/40

Nome: LARA PEIXOTO MOREIRA LIMA LOIOLA

Data: 13/11/2016

RG: 2004009142472 - SSP/CE

Gastroenterologia Pediátrica (R3) - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





24-738732



### PSU-RESMED/CE - 2017

Inscrição: 02298 / 024/40

Nome: LARISSA ELIAS PINHO

Data: 13/11/2016

RG: 2004009131039 - SSP/CE

Reumatologia Pediátrica (R3) - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ●

Não marque assim:



- |    |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |







25-889117



### PSU-RESMED/CE - 2017

Inscrição: 01434 / 025/40

Nome: LIANA DOTH RODRIGUES ALVES

Data: 13/11/2016

RG: 2001002311835 - SSP/CE

Nefrologia Pediátrica (R3) - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





26-804949



### PSU-RESMED/CE - 2017

Inscrição: 02355 / 026/40

Nome: LÍVIA VASCONCELOS MARTINS

Data: 13/11/2016

RG: 99002087790 - SSP/CE

Endocrinologia Pediátrica (R3) - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





27-267801



### PSU-RESMED/CE - 2017

Inscrição: 01613 / 027/40

Nome: LOHANNA VALESKA DE SOUSA TAVARES

Data: 13/11/2016

RG: 2005029084395 - SSP/CE

Infectologia Pediátrica - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





28-173227



### PSU-RESMED/CE - 2017

Inscrição: 00580 / 028/40

Nome: LUCAS MANUEL RIBEIRO MOTA

Data: 13/11/2016

RG: 2006010064419 - SSP/CE

Pediatria (R3) - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

- |    |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





29-775917



### PSU-RESMED/CE - 2017

Inscrição: 01375 / 029/40

Nome: LUISA MARIA DE MORAIS HOLANDA

Data: 13/11/2016

RG: 1374204 - SSP/TO

Gastroenterologia Pediátrica (R3) - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





30-111839



### PSU-RESMED/CE - 2017

Inscrição: 01023 / 030/40

Nome: MARA LARISSA ALVES MARQUES

Data: 13/11/2016

RG: 2001002036486 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





31-575420



### PSU-RESMED/CE - 2017

Inscrição: 00530 / 031/40

Nome: MARCELO GLAUCO PINTO AMORIM

Data: 13/11/2016

RG: 2254345 - SSP/PA

Neonatologia - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~◐~~ ~~◑~~ ~~◒~~

- |    |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





32-114496



### PSU-RESMED/CE - 2017

Inscrição: 00716 / 032/40

Nome: MARIA CHRISTIANY MACEDO SARAIVA

Data: 13/11/2016

RG: 2000010450972 - SSP/CE

Cardiologia Pediátrica

- PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |







33-289712



### PSU-RESMED/CE - 2017

Inscrição: 00688 / 033/40

Nome: MARIA LISE LOPES RIBEIRO

Data: 13/11/2016

RG: 97002603368 - SSP/CE

Pneumologia Pediátrica (R3) - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





34-119003



### PSU-RESMED/CE - 2017

Inscrição: 01437 / 034/40

Nome: MARIANA CARVALHO ROCHA

Data: 13/11/2016

RG: 2001002409304 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





35-935364



### PSU-RESMED/CE - 2017

Inscrição: 01786 / 035/40

Nome: MARIANA CASTIGLIONI

Data: 13/11/2016

RG: 2002010511285 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





36-359040



### PSU-RESMED/CE - 2017

Inscrição: 00586 / 036/40

Nome: MAYARA CARVALHO FORTES

Data: 13/11/2016

RG: 2003002064095 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





37-592506



### PSU-RESMED/CE - 2017

Inscrição: 01895 / 037/40

Nome: MAYARA TEIXEIRA ALEXANDRINO SALES

Data: 13/11/2016

RG: 2004009021446 - SSP/CE

Endocrinologia Pediátrica (R3) - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





38-341619



### PSU-RESMED/CE - 2017

Inscrição: 01050 / 038/40

Nome: MELISSA MAGALHÃES RODRIGUES CHAVES

Data: 13/11/2016

RG: 97010029551 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ●

Não marque assim:



- |    |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





39-378787



### PSU-RESMED/CE - 2017

Inscrição: 01336 / 039/40

Nome: MELISSA PINHO COUTO

Data: 13/11/2016

RG: 2004002099474 - SSP/CE

Cardiologia Pediátrica

- PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





40-849634



### PSU-RESMED/CE - 2017

Inscrição: 01400 / 040/40

Nome: NARA OHANA BESERRA RODRIGUES

Data: 13/11/2016

RG: 2005010226674 - SSP/CE

Gastroenterologia Pediátrica (R3) - PEDIATRIA - PR

Sala: 0310 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |







41-963672



### PSU-RESMED/CE - 2017

Inscrição: 02087 / 001/42

Nome: ANA LÍVIA MONTE DE ALBUQUERQUE

Data: 13/11/2016

RG: 2003010131685 - SSP/CE

Obstetrícia e Ginecologia R4 Endoscopia Ginecológica - OBSTETRÍCIA E GINECOLOGIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
S

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





42-842031



### PSU-RESMED/CE - 2017

Inscrição: 00470 / 002/42

Nome: ANA LUIZA RAMOS MORAIS

Data: 13/11/2016

RG: 2001009003389 - SSP/CE

Obstetrícia e Ginecologia R4 – Área de Atuação Medicina Fetal - OBSTETRÍCIA E GINECOLOGIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
S

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

- |    |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





43-65630



### PSU-RESMED/CE - 2017

Inscrição: 00514 / 003/42

Nome: CANDICE ALENCAR MACEDO

Data: 13/11/2016

RG: 2003034001803 - SSP/CE

Obstetrícia e Ginecologia R4 – Área de Atuação Medicina Fetal - OBSTETRÍCIA E GINECOLOGIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
S

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





44-750184



### PSU-RESMED/CE - 2017

Inscrição: 00487 / 004/42

Nome: CLAUDIA PRISCILLA DE SOUZA AMORIM

Data: 13/11/2016

RG: 16444078 - SSP /AM

Obstetrícia e Ginecologia R4 Endoscopia Ginecológica - OBSTETRÍCIA E GINECOLOGIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
S

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

- |    |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





45-743207



### PSU-RESMED/CE - 2017

Inscrição: 01009 / 005/42

Nome: DANIELA DE SOUSA COSTA

Data: 13/11/2016

RG: 2630416 - SSP/PI

Obstetrícia e Ginecologia R4 – Área de Atuação Medicina Fetal - OBSTETRÍCIA E GINECOLOGIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
S

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





46-15621



### PSU-RESMED/CE - 2017

Inscrição: 01483 / 006/42

Nome: DELINNE COSTA E SILVA

Data: 13/11/2016

RG: 2004028039533 - SSP/CE

Obstetrícia e Ginecologia R4 Endoscopia Ginecológica - OBSTETRÍCIA E GINECOLOGIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





47-64452



### PSU-RESMED/CE - 2017

Inscrição: 01957 / 007/42

Nome: DENNISE DE OLIVEIRA NOGUEIRA FARIAS

Data: 13/11/2016

RG: 2005009023390 - SSP/CE

Clínica Médica (R3) - CLÍNICA MÉDICA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





48-843228



### PSU-RESMED/CE - 2017

Inscrição: 01472 / 008/42

Nome:EBERSON DE ALCÂNTARA CRUZ

Data:13/11/2016

RG: 2003009083672 - SSP/CE

Clínica Médica (R3) - CLÍNICA MÉDICA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
S

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ●

Não marque assim:



- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |







49-583775



### PSU-RESMED/CE - 2017

Inscrição: 01580 / 009/42

Nome: ERIKA ROBERTA DE LIMA

Data: 13/11/2016

RG: 99013005587 - SSP/CE

Obstetrícia e Ginecologia R4 Endoscopia Ginecológica - OBSTETRÍCIA E GINECOLOGIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
S

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ⊗ ⊘ ⊙ ⊚

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





50-268209



### PSU-RESMED/CE - 2017

Inscrição: 02219 / 010/42

Nome: EVELINE STUDART BARBOSA

Data: 13/11/2016

RG: 99002240768 - SSP/CE

Obstetrícia e Ginecologia R4 – Área de Atuação Medicina Fetal - OBSTETRÍCIA E GINECOLOGIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





51-556507



### PSU-RESMED/CE - 2017

Inscrição: 00762 / 011/42

Nome: FELIPE MORAIS TELES

Data: 13/11/2016

RG: 2002002113110 - SSP/CE

Clínica Médica (R3) - CLÍNICA MÉDICA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
S

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





52-102031



### PSU-RESMED/CE - 2017

Inscrição: 00748 / 012/42

Nome: FERNANDA SILVA LOPES

Data: 13/11/2016

RG: 5020976 - SSP/PI

Obstetrícia e Ginecologia R4 Endoscopia Ginecológica - OBSTETRÍCIA E GINECOLOGIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
S

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





53-634075



### PSU-RESMED/CE - 2017

Inscrição: 01393 / 013/42

Nome: FRANCISCA JOVITA DE OLIVEIRA VERAS

Data: 13/11/2016

RG: 98002042801 - SSP/CE

Cirurgia Vascular (R3) área de atuação em ecografia vascular com doppler - CIRURGIA VASCULAR - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

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|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
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| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <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 type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





54-24121



### PSU-RESMED/CE - 2017

Inscrição: 01158 / 014/42

Nome: FRANCISCO RODRIGO PAMPLONA DE LIMA

Data: 13/11/2016

RG: 3035279 - SSP/PB

Cirurgia Vascular (R3) área de atuação em ecografia vascular com doppler - CIRURGIA VASCULAR - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





55-487594



### PSU-RESMED/CE - 2017

Inscrição: 00940 / 015/42

Nome: JANNAINA DE FREITAS JORGE

Data: 13/11/2016

RG: 2004015143981 - SSP/CE

Clínica Médica (R3) - CLÍNICA MÉDICA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

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| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
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| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
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| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





56-944122



### PSU-RESMED/CE - 2017

Inscrição: 00811 / 016/42

Nome: LUCAS MUSTAFA AGUIAR

Data: 13/11/2016

RG: 2005002121966 - SSP/CE

Clínica Médica (R3) - CLÍNICA MÉDICA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |







57-828028



### PSU-RESMED/CE - 2017

Inscrição: 00404 / 017/42

Nome: LUCAS PESSOA MINEIRO APOLÔNIO

Data: 13/11/2016

RG: 2003009044235 - SSP/CE

Clínica Médica (R3) - CLÍNICA MÉDICA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ●

Não marque assim:



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| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





58-999111



### PSU-RESMED/CE - 2017

Inscrição: 02217 / 018/42

Nome: LUIS RUFINO OLIVEIRA MAGALHÃES

Data: 13/11/2016

RG: 96006021675 - SSP/CE

Cirurgia Vascular (R3) área de atuação em ecografia vascular com doppler - CIRURGIA VASCULAR - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
S

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <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 type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





59-747249



### PSU-RESMED/CE - 2017

Inscrição: 00457 / 019/42

Nome: MÁRCIO DO NASCIMENTO RIBEIRO

Data: 13/11/2016

RG: 2305479 - SSP/PI

Obstetrícia e Ginecologia R4 – Área de Atuação Medicina Fetal - OBSTETRÍCIA E GINECOLOGIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
S

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
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| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
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| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





60-382271



### PSU-RESMED/CE - 2017

Inscrição: 00948 / 020/42

Nome: MARCO AURÉLIO BARROSO AGUIAR FILHO

Data: 13/11/2016

RG: 2001010483100 - SSP/CE

Cirurgia Vascular (R3) área de atuação em ecografia vascular com doppler - CIRURGIA VASCULAR - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ●

Não marque assim:



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| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





61-960731



### PSU-RESMED/CE - 2017

Inscrição: 00397 / 021/42

Nome: MARCOS VINICIUS DOS SANTOS HIRSCHLE FILHO

Data: 13/11/2016

RG: 2003034053757 - SSP/CE

Obstetrícia e Ginecologia R4 Endoscopia Ginecológica - OBSTETRÍCIA E GINECOLOGIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
S

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





62-217595



### PSU-RESMED/CE - 2017

Inscrição: 00921 / 022/42

Nome: MARINA CAVALCANTE GURGEL CARLOS

Data: 13/11/2016

RG: 2001002410540 - SSP/CE

Obstetrícia e Ginecologia R4 – Área de Atuação Medicina Fetal - OBSTETRÍCIA E GINECOLOGIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





63-68976



### PSU-RESMED/CE - 2017

Inscrição: 01016 / 023/42

Nome: MAYCON FELLIPE DA PONTE

Data: 13/11/2016

RG: 2004009199032 - SSP/CE

Clínica Médica (R3) - CLÍNICA MÉDICA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ●

Não marque assim:



- |    |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





64-124809



### PSU-RESMED/CE - 2017

Inscrição: 00564 / 024/42

Nome: NATASHA MARIA ROQUE CAVALCANTE

Data: 13/11/2016

RG: 2004009227745 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ●

Não marque assim:



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|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |







65-406922



### PSU-RESMED/CE - 2017

Inscrição: 01731 / 025/42

Nome: NAYARA ALMEIDA CRUZ

Data: 13/11/2016

RG: 2003010259851 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ●

Não marque assim:



- |    |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





66-826819



### PSU-RESMED/CE - 2017

Inscrição: 00411 / 026/42

Nome: NICOLE DE OLIVEIRA BEZERRA

Data: 13/11/2016

RG: 20297211 - SESEG/AM

Gastroenterologia Pediátrica (R3) - PEDIATRIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





67-890183



### PSU-RESMED/CE - 2017

Inscrição: 00439 / 027/42

Nome: NIDIA PAOLA LIMA LEANDRO

Data: 13/11/2016

RG: 2000030014868 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ●

Não marque assim:



- |    |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





68-77989



### PSU-RESMED/CE - 2017

Inscrição: 02275 / 028/42

Nome: Paloma Estefanne Barbosa dos Santos

Data: 13/11/2016

RG: 2004010342668 - ssp/CE

Pediatria (R3) - PEDIATRIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





69-186335



### PSU-RESMED/CE - 2017

Inscrição: 01578 / 029/42

Nome: PATRICIA COELHO RODRIGUES

Data: 13/11/2016

RG: 99002218401 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





70-417969



### PSU-RESMED/CE - 2017

Inscrição: 01596 / 030/42

Nome: PRISCILA LOPES STUDART DA FONSECA

Data: 13/11/2016

RG: 2001010518478 - SSP/CE

Pneumologia Pediátrica (R3) - PEDIATRIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





71-98267



### PSU-RESMED/CE - 2017

Inscrição: 02415 / 031/42

Nome: PRISCILLA LEITE CAMPELO

Data: 13/11/2016

RG: 2003009092280 - SSP/CE

Reumatologia Pediátrica (R3) - PEDIATRIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

- |    |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





72-541406



### PSU-RESMED/CE - 2017

Inscrição: 00591 / 032/42

Nome: RAFAELA LOIOLA DE CARVALHO

Data: 13/11/2016

RG: 2003009043743 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

- |    |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |







73-921780



### PSU-RESMED/CE - 2017

Inscrição: 01075 / 033/42

Nome: RAFAELLY CARVALHO RIBEIRO

Data: 13/11/2016

RG: 2001002321784 - SSP/CE

Pediatria (R3) - PEDIATRIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





74-645764



### PSU-RESMED/CE - 2017

Inscrição: 00584 / 034/42

Nome:RAISSA ALMEIDA BARROS DE OLIVEIRA PEREIRA

Data:13/11/2016

RG: 2000002210224 - SSP/CE

Endocrinologia Pediátrica (R3) - PEDIATRIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





75-195363



### PSU-RESMED/CE - 2017

Inscrição: 01760 / 035/42

Nome: RAPHAELA CARDOSO GOMES

Data: 13/11/2016

RG: 2001010030076 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.

INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ●

Não marque assim:



- |    |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





76-519277



### PSU-RESMED/CE - 2017

Inscrição: 00726 / 036/42

Nome: RENAN DO VALE FARIAS TORRES

Data: 13/11/2016

RG: 2005010309928 - SSP/CE

Infectologia Pediátrica - PEDIATRIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
S

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~⊗~~ ⊕ ⊙ ⊖

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





77-957983



### PSU-RESMED/CE - 2017

Inscrição: 01192 / 037/42

Nome: ROSICLER PEREIRA DE GOIS

Data: 13/11/2016

RG: 2007009154904 - SSP/CE

Cardiologia Pediátrica

- PEDIATRIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





78-895667



### PSU-RESMED/CE - 2017

Inscrição: 00482 / 038/42

Nome: SAMILLE NOGUEIRA BANDEIRA

Data: 13/11/2016

RG: 2000029007462 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ●

Não marque assim:



- |    |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





79-401898



### PSU-RESMED/CE - 2017

Inscrição: 00395 / 039/42

Nome: THIAGO DO VALE MACHADO

Data: 13/11/2016

RG: 2322319 - SSP/PI

Medicina Intensiva Pediátrica - PEDIATRIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





80-143991



### PSU-RESMED/CE - 2017

Inscrição: 01850 / 040/42

Nome: TIAGO MONTE CAJUEIRO

Data: 13/11/2016

RG: 1814485 - SSP/AL

Obstetrícia e Ginecologia R4 Endoscopia Ginecológica - OBSTETRÍCIA E GINECOLOGIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
S

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |







81-480672



### PSU-RESMED/CE - 2017

Inscrição: 01568 / 041/42

Nome: VLADIA MARIA FROTA PRADO AZEVEDO

Data: 13/11/2016

RG: 2000031121455 - SSP/CE

Neonatologia - PEDIATRIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ●

Não marque assim:



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|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





82-935539



### PSU-RESMED/CE - 2017

Inscrição: 02361 / 042/42

Nome: YOLANDA MELO ANDRADE RODRIGUES DE ALBUQUERQUE

Data: 13/11/2016

RG: 2001031081427 - SSP/CE

Cardiologia Pediátrica

- PEDIATRIA - PR

Sala: 0311 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





83-572803



### PSU-RESMED/CE - 2017

Inscrição: 00408 / 001/42

Nome:ALDO LEITE MOREIRA NETO

Data:13/11/2016

RG: 2001029168189 - SSP/CE

Ortopedia e Traumatologia (R4) - ORTOPEDIA E TRAUMATOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
S

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





84-887299



### PSU-RESMED/CE - 2017

Inscrição: 01285 / 002/42

Nome: AMANDA CAROLINE RIBEIRO SALES

Data: 13/11/2016

RG: 6898187 - SDS/PE

Infectologia Pediátrica - INFECTOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





85-692690



### PSU-RESMED/CE - 2017

Inscrição: 00566 / 003/42

Nome: ANA DÉBORA UCHOA SOARES

Data: 13/11/2016

RG: 98002000343 - SSP/CE

Gastroenterologia (R3) área de atuação endoscopia digestiva - GASTROENTEROLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





86-138924



### PSU-RESMED/CE - 2017

Inscrição: 02079 / 004/42

Nome: CAMILO FARIAS DA COSTA

Data: 13/11/2016

RG: 2001002244364 - SSP/CE

Cardiologia (R3) Hemodinâmica e cardiologia intervencionista - CARDIOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





87-599910



### PSU-RESMED/CE - 2017

Inscrição: 00391 / 005/42

Nome: CARLOS ABDIAS VERAS REIS

Data: 13/11/2016

RG: 2000002418224 - SSP/CE

Cardiologia (R3) ecocardiografia - CARDIOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





88-471081



### PSU-RESMED/CE - 2017

Inscrição: 00648 / 006/42

Nome: DAVI SAID ARAÚJO

Data: 13/11/2016

RG: 2110138 - SSP/PI

Neurofisiologia Clínica - NEUROLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ●

Não marque assim:



- |    |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |







89-299928



### PSU-RESMED/CE - 2017

Inscrição: 00493 / 007/42

Nome: ELANO SOUSA DA FROTA

Data: 13/11/2016

RG: 2003002103163 - SSP/CE

Cardiologia (R3) ecocardiografia - CARDIOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





90-730235



### PSU-RESMED/CE - 2017

Inscrição: 00424 / 008/42

Nome: ÉRICA DE CASTRO VIEIRA

Data: 13/11/2016

RG: 97029089207 - SSP/CE

Medicina Intensiva (R3) Área de Atuação em Nutrição Enteral e Parental - MEDICINA INTENSIVA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





91-305561



### PSU-RESMED/CE - 2017

Inscrição: 01575 / 009/42

Nome: EVELINE BARROSO ARAGÃO

Data: 13/11/2016

RG: 2001002054883 - SSP/CE

Cardiologia (R3) ecocardiografia - CARDIOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

- |    |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





92-524008



### PSU-RESMED/CE - 2017

Inscrição: 02063 / 010/42

Nome: FLADSON MUNIZ SAMPAIO SABIA

Data: 13/11/2016

RG: 95029153812 - SSP/CE

Cardiologia (R3) ecocardiografia - CARDIOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





93-95296



### PSU-RESMED/CE - 2017

Inscrição: 00914 / 011/42

Nome: FLAVIO ESMERALDO ROLIM

Data: 13/11/2016

RG: 2003009017084 - SSP/CE

Gastroenterologia (R3) área de atuação endoscopia digestiva - GASTROENTEROLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





94-890230



### PSU-RESMED/CE - 2017

Inscrição: 00389 / 012/42

Nome: FRANCISCO RODRIGO TAVARES LINHARES

Data: 13/11/2016

RG: 290048794 - SSP/CE

Ortopedia e Traumatologia (R4) - ORTOPEDIA E TRAUMATOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





95-601612



### PSU-RESMED/CE - 2017

Inscrição: 00383 / 013/42

Nome: FRANCISCO WENDEL DE SOUSA ARRUDA

Data: 13/11/2016

RG: 2002002268814 - SSP /CE

Gastroenterologia (R3) área de atuação endoscopia digestiva - COLOPROCTOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





96-796338



### PSU-RESMED/CE - 2017

Inscrição: 01988 / 014/42

Nome: GABRIEL MENEZES ALBUQUERQUE

Data: 13/11/2016

RG: 2000002020042 - SSPDS/CE

Cardiologia (R3) Hemodinâmica e cardiologia intervencionista - CARDIOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ●

Não marque assim:



- |    |                       |                       |                       |                       |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |







97-898230



### PSU-RESMED/CE - 2017

Inscrição: 01202 / 015/42

Nome: JOAO LEONARDO DE SOUZA MENDONCA

Data: 13/11/2016

RG: 2001097038120 - SSP/CE

Anestesiologia (R4) área de atuação dor - ANESTESIOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
S

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





98-222370



### PSU-RESMED/CE - 2017

Inscrição: 00845 / 016/42

Nome: JOÃO MARCOS LOPES MOREIRA

Data: 13/11/2016

RG: 99029178109 - SSP/CE

Ortopedia e Traumatologia (R4) - ORTOPEDIA E TRAUMATOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





99-675167



### PSU-RESMED/CE - 2017

Inscrição: 02027 / 017/42

Data:13/11/2016

Nome: JOSÉ ALBERTO DIAS LEITE FILHO

RG: 2002002027400 - SSP/CE

Cirurgia do Aparelho Digestivo (R3) área de atuação transplante de fígado - CIRURGIA DO APARELHO DIGESTIVO - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





100-607657



### PSU-RESMED/CE - 2017

Inscrição: 01628 / 018/42

Nome: JOSÉ ARAÚJO DE ANDRADE NETO

Data: 13/11/2016

RG: 2003009046203 - SSP/CE

Neurofisiologia Clínica - NEUROLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





101-996646



### PSU-RESMED/CE - 2017

Inscrição: 02487 / 019/42

Nome: JOSE DANIEL BRANDAO DE OLIVEIRA

Data: 13/11/2016

RG: 97013004797 - SSP/CE

Cardiologia (R3) ecocardiografia - CARDIOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





102-113994



### PSU-RESMED/CE - 2017

Inscrição: 00433 / 020/42

Nome: JOSÉ FRANCISCO RÊGO E SILVA FILHO

Data: 13/11/2016

RG: 2002010468894 - SSP/CE

Cirurgia do Aparelho Digestivo (R3) área de atuação transplante de fígado - CIRURGIA DO APARELHO DIGESTIVO - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

- |    |                         |                         |                         |                         |
|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





103-122991



### PSU-RESMED/CE - 2017

Inscrição: 01102 / 021/42

Nome: LEONARDO DA SILVA BARROS

Data: 13/11/2016

RG: 2587439 - SSP/PI

Psiquiatria da Infância e Adolescência (R4) - PSQUIATRIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~◐~~ ~~◑~~ ~~◒~~

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|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





104-722144



### PSU-RESMED/CE - 2017

Inscrição: 00888 / 022/42

Nome: LÍVIA ANDRADE GURGEL

Data: 13/11/2016

RG: 2001002348828 - SSP/CE

Hematologia e Hemoterapia (R3) Transplante de Médula Óssea - HEMATOLOGIA E HEMOTERAPIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
S

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
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| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
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| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
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| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |







105-564409



### PSU-RESMED/CE - 2017

Inscrição: 01545 / 023/42

Nome: LUCIANA CIDRÃO FROTA

Data: 13/11/2016

RG: 97002302988 - SSP/CE

Gastroenterologia (R3) área de atuação endoscopia digestiva - GASTROENTEROLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





106-209418



### PSU-RESMED/CE - 2017

Inscrição: 02170 / 024/42

Nome: LUIZA HELENA MAIA AMORIM

Data: 13/11/2016

RG: 97002415944 - SSP/CE

Cardiologia (R3) ecocardiografia - CARDIOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

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| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
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| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





107-46084



### PSU-RESMED/CE - 2017

Inscrição: 00645 / 025/42

Nome: MARCELO CAETANO PESSOA MOREIRA

Data: 13/11/2016

RG: 92015066047 - SSP/CE

Cardiologia (R3) ecocardiografia - CARDIOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





108-556734



### PSU-RESMED/CE - 2017

Inscrição: 01838 / 026/42

Nome: MARCOS VINICIUS MONTEIRO LINS DE ALBUQUERQUE

Data: 13/11/2016

RG: 17345588 - SSP/AM

Cirurgia do Aparelho Digestivo (R3) área de atuação transplante de fígado - CIRURGIA DO APARELHO DIGESTIVO - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

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| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
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| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





109-852582



### PSU-RESMED/CE - 2017

Inscrição: 00403 / 027/42

Nome: MARTA GABRIELA SILVESTRE COELHO DE CARVALHO

Data: 13/11/2016

RG: 99031002888 - SSP/CE

Psiquiatria da Infância e Adolescência (R4) - PSQUIATRIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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110-727130



### PSU-RESMED/CE - 2017

Inscrição: 01750 / 028/42

Nome: Matheus Falcão Barros

Data: 13/11/2016

RG: 1364908166 - SSP/BA

Neurofisiologia Clínica - NEUROLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

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| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





111-834471



### PSU-RESMED/CE - 2017

Inscrição: 00379 / 029/42

Nome: OLÍVIA XIMENES DE QUEIROGA

Data: 13/11/2016

RG: 598537296 - SSP/SP

Cardiologia (R3) ecocardiografia - CARDIOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

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| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





112-366460



### PSU-RESMED/CE - 2017

Inscrição: 02478 / 030/42

Nome: PEDRO BARREIRA CABRAL

Data: 13/11/2016

RG: 2002002313143 - SSP/CE

Ortopedia e Traumatologia (R4) - ORTOPEDIA E TRAUMATOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ●

Não marque assim:



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| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |







113-890558



### PSU-RESMED/CE - 2017

Inscrição: 01711 / 031/42

Nome: RAQUEL FERNANDES GARCIA

Data: 13/11/2016

RG: 2001010260586 - SSP/CE

Psiquiatria da Infância e Adolescência (R4) - PSQUIATRIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





114-712791



### PSU-RESMED/CE - 2017

Inscrição: 02171 / 032/42

Nome: ROBERTA VIEIRA DA NÓBREGA

Data: 13/11/2016

RG: 99002273232 - SSP/CE

Psiquiatria da Infância e Adolescência (R4) - PSQUIATRIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





115-170504



### PSU-RESMED/CE - 2017

Inscrição: 00537 / 033/42

Nome: ROBSON ALVES DO NASCIMENTO

Data: 13/11/2016

RG: 93002270617 - SSP/CE

Ortopedia e Traumatologia (R4) - ORTOPEDIA E TRAUMATOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

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|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





116-628917



### PSU-RESMED/CE - 2017

Inscrição: 00431 / 034/42

Nome: ROSEMBERG EULÁLIO LEITE JÚNIOR

Data: 13/11/2016

RG: 2332347 - SSP/PI

Cardiologia (R3) ecocardiografia - CARDIOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

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|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





117-841629



### PSU-RESMED/CE - 2017

Inscrição: 01968 / 035/42

Nome:TALES TORRICELLI DE SOUSA COSTA E SILVA

Data:13/11/2016

RG: 2848396 - SSP/PB

Cardiologia (R3) ecocardiografia - CARDIOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?  
S

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 08 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 13 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 14 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 15 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 16 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 17 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 18 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





118-337729



### PSU-RESMED/CE - 2017

Inscrição: 00853 / 036/42

Nome: TARSON MAIA FURTADO DE AQUINO

Data: 13/11/2016

RG: 2002002013700 - SSPDC/CE

Gastroenterologia (R3) área de atuação endoscopia digestiva - GASTROENTEROLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ● Não marque assim: ~~○~~ ~~○~~ ~~○~~ ~~○~~

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|----|-----------------------|-----------------------|-----------------------|-----------------------|
| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 02 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 05 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 06 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 07 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |





119-791640



### PSU-RESMED/CE - 2017

Inscrição: 01994 / 037/42

Nome: TASSIA TAMARA SILVA FEITOSA

Data: 13/11/2016

RG: 27987012 - SSP/PB

Cardiologia (R3) ecocardiografia - CARDIOLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim:  Não marque assim:

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|----|-------------------------|-------------------------|-------------------------|-------------------------|
| 01 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 02 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 03 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 04 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 05 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 06 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 07 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
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| 09 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 10 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 11 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 12 | <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 type="radio"/> C | <input type="radio"/> D |
| 19 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |
| 20 | <input type="radio"/> A | <input type="radio"/> B | <input type="radio"/> C | <input type="radio"/> D |





120-858441



### PSU-RESMED/CE - 2017

Inscrição: 01774 / 038/42

Nome: THIAGO TOSCANO CAVALCANTE

Data: 13/11/2016

RG: 2001002246944 - SSP/CE

Neurofisiologia Clínica - NEUROLOGIA - PR

Sala: 0312 - Coord:1 - Aux:3 - UNICHRISTUS - CAMPUS DOM LUIS

Assinatura: \_\_\_\_\_



Faltou?

UTILIZE ESFEROGRÁFICA AZUL OU PRETA.  
INSTRUÇÕES PARA PREENCHIMENTO

Marque assim: ●

Não marque assim:



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| 01 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 03 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 04 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 08 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 09 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

