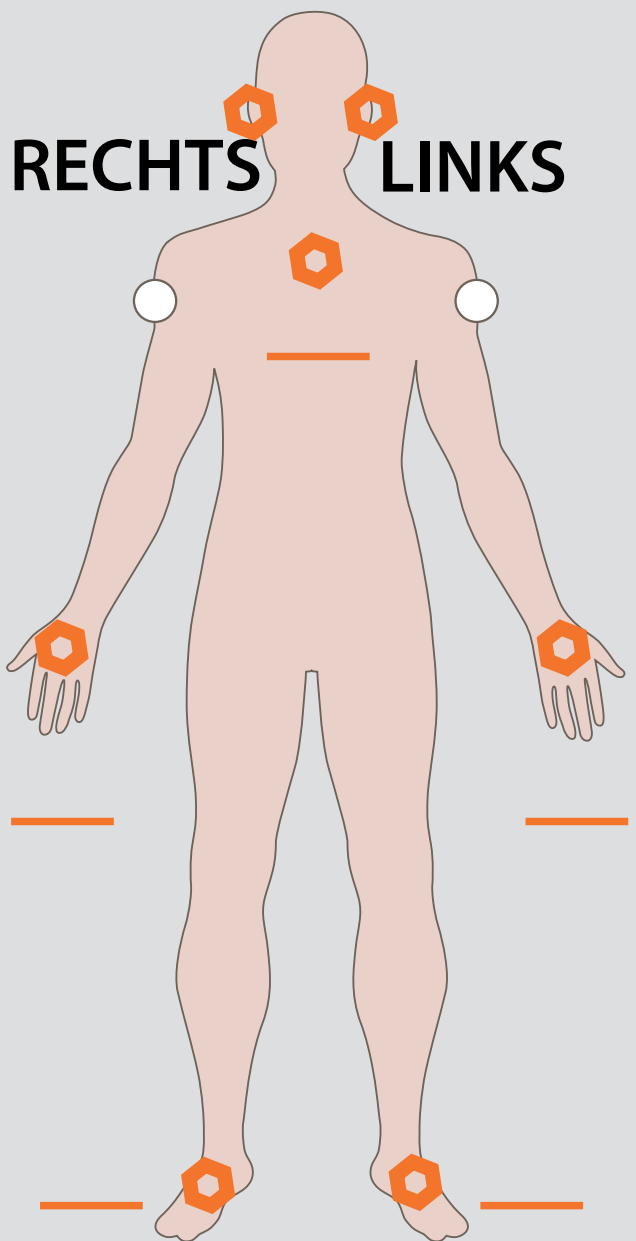


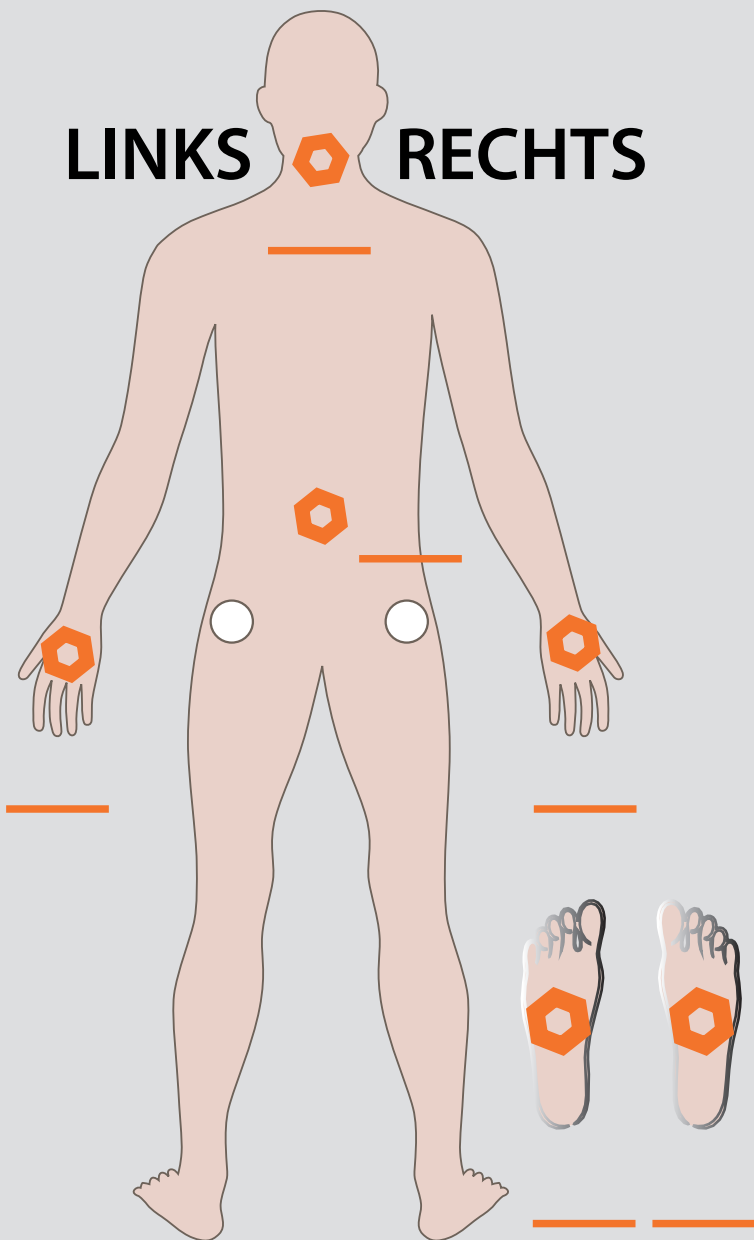
KÖRPERTEMPERATUR MESSPUNKTE

NAME, VORNAME: _____

FRONT



HINTEN



 Temperatur Messpunkte

 Impfpositionen

Berater: _____

Datum: _____

Bemerkungen: _____
