

Naam kind: _____ Datum: _____

Vorig formulier: _____

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HK B4	<input type="checkbox"/>	<input checked="" type="radio"/>	DW B6	<input type="checkbox"/>	<input checked="" type="radio"/>	DC B3	<input type="checkbox"/>	<input checked="" type="radio"/>	CR B1	<input type="checkbox"/>	<input checked="" type="radio"/>	DGR B1	<input type="checkbox"/>	<input checked="" type="radio"/>	TR B1	<input type="checkbox"/>	<input checked="" type="radio"/>	FO B2	<input type="checkbox"/>	<input checked="" type="radio"/>	TT B2	<input type="checkbox"/>	<input checked="" type="radio"/>				
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