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| **Alter** |  | **eMail** |  |  |  |  |
| **Telefonnummer** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **als zusätzliches Organ bitte testen:** | |  |  |  |  |  |
| Immunsystem |  |  |  |  |  |  |
| Gifte, Pilze, Bakterien, Viren |  |  |  |  |  |  |
| Zelle und Gewebe |  |  |  |  |  |  |
| Blut |  |  |  |  |  |  |
| Herz-Kreislauf |  |  |  |  |  |  |
| Herz |  |  |  |  |  |  |
| Niere Harnorgane |  |  |  |  |  |  |
| Verdauungsapparat |  |  |  |  |  |  |
| Atmungsapparat |  |  |  |  |  |  |
| Genitalapparat |  |  |  |  |  |  |
| Bewegungsapparat |  |  |  |  |  |  |
| Nervensystem |  |  |  |  |  |  |
| Stress, Psyche |  |  |  |  |  |  |
| Haut Haare |  |  |  |  |  |  |
| Zähne |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| Datum |  | Unterschrift |  |  |  |  |

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