***Kalendarz zdrowia***

**Imię i nazwisko** ………………………………………………

**Klasa** ………….

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| **DATA** | **DZIEŃ TYGODNIA** | **ZACHOWANIA PROZDROWOTNE** | | | **KOMENTARZE/UWAGI** |
| **SFERA FIZYCZNA** | **SFERA PSYCHICZNA** | **SFERA SPOŁECZNA** |
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