

Apellidos: \_\_\_\_\_

Nombre: \_\_\_\_\_ DNI/NIE \_\_\_\_\_

Firma

1	<input checked="" type="checkbox"/>	B	C	D	16	A	B	C	<input checked="" type="checkbox"/>	31	A	B	<input checked="" type="checkbox"/>	D
	A	B	C	D		A	B	C	D		A	B	C	D
2	<input checked="" type="checkbox"/>	B	C	D	17	A	B	<input checked="" type="checkbox"/>	D	32	A	<input checked="" type="checkbox"/>	C	D
	A	B	C	D		A	B	C	D		A	B	C	D
3	A	<input checked="" type="checkbox"/>	C	D	18	<input checked="" type="checkbox"/>	B	C	D	33	A	B	<input checked="" type="checkbox"/>	D
	A	B	C	D		A	B	C	D		A	B	C	D
4	A	B	<input checked="" type="checkbox"/>	D	19	A	B	<input checked="" type="checkbox"/>	D	34	<input checked="" type="checkbox"/>	B	C	D
	A	B	C	D		A	B	C	D		A	B	C	D
5	A	<input checked="" type="checkbox"/>	C	D	20	A	<input checked="" type="checkbox"/>	C	D	35	A	B	<input checked="" type="checkbox"/>	D
	A	B	C	D		A	B	C	D		A	B	C	D
6	A	B	<input checked="" type="checkbox"/>	D	21	A	B	C	<input checked="" type="checkbox"/>	36	A	B	C	<input checked="" type="checkbox"/>
	A	B	C	D		A	B	C	D		A	B	C	D
7	<input checked="" type="checkbox"/>	B	C	D	22	A	B	<input checked="" type="checkbox"/>	D	37	A	B	C	<input checked="" type="checkbox"/>
	A	B	C	D		A	B	C	D		A	B	C	D
8	A	B	C	<input checked="" type="checkbox"/>	23	<input checked="" type="checkbox"/>	B	C	D	38	<input checked="" type="checkbox"/>	B	C	D
	A	B	C	D		A	B	C	D		A	B	C	D
9	A	B	C	<input checked="" type="checkbox"/>	24	<input checked="" type="checkbox"/>	B	C	D	39	<input checked="" type="checkbox"/>	B	C	D
	A	B	C	D		A	B	C	D		A	B	C	D
10	A	B	<input checked="" type="checkbox"/>	D	25	A	B	C	<input checked="" type="checkbox"/>	40	A	B	<input checked="" type="checkbox"/>	D
	A	B	C	D		A	B	C	D		A	B	C	D
11	A	<input checked="" type="checkbox"/>	C	D	26	A	B	<input checked="" type="checkbox"/>	D					
	A	B	C	D		A	B	C	D					
12	A	<input checked="" type="checkbox"/>	C	D	27	A	<input checked="" type="checkbox"/>	C	D					
	A	B	C	D		A	B	C	D					
13	A	<input checked="" type="checkbox"/>	C	D	28	<input checked="" type="checkbox"/>	B	C	D					
	A	B	C	D		A	B	C	D					
14	<input checked="" type="checkbox"/>	B	C	D	29	<input checked="" type="checkbox"/>	B	C	D					
	A	B	C	D		A	B	C	D					
15	<input checked="" type="checkbox"/>	B	C	D	30	A	B	C	<input checked="" type="checkbox"/>					
	A	B	C	D		A	B	C	D					

**Pregunta 2: Cambiada la respuesta correcta de la B) a la A).**