Приложение 5

к приказу Министерства здравоохранения Донецкой

Народной Республики

02.03.2017 № 284

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| Наименование министерства, другого органа исполнительной власти, предприятия, учреждения, организации, к сфере управления которого принадлежит учреждение здравоохранения | | | | | | | | | | | |  | **МЕДИЦИНСКАЯ ДОКУМЕНТАЦИЯ** | | | | | | | | | | | | | |
| Форма первичной учетной документации | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | **№ 140-4/у** | | | | | | | | | | | | | |
| Наименование и месторасположение (полный почтовый адрес) учреждения здравоохранения, где заполняется форма | | | | | | | | | | | | **УТВЕРЖДЕНО** | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | Приказом Министерства здравоохранения  Донецкой Народной Республики | | | | | | | | | | | | | |
| Код | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | № |  |  |  |  |  |
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| **Журнал**  **комиссии по медицинскому осмотру лиц с определением способности заниматься**  **соответствующим видом деятельности по состоянию здоровья**  Начат \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_ г. Окончен \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20 \_\_\_ г. |

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Продолжение приложения 5

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| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | № п/п | Дата обращения | Фамилия, имя, отчество | Профессия | Медицинский осмотр (предварительный, периодический) | Заключение председателя комиссии | Дата следующего осмотра | Серия и номер личной медицинской книжки | Дата выдачи заключения комиссии | Примечание | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |

И.о. начальника

правового отдела

Министерства здравоохранения

Донецкой Народной Республики М.В. Лопушанский