Приложение 17

к приказу Министерства здравоохранения Донецкой Народной Республики

02.09.2016 № 1059

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| Наименование министерства, другого органа исполнительной власти, предприятия, учреждения, организации, к сфере управления которого относится учреждение здравоохранения  |  | **МЕДИЦИНСКАЯ ДОКУМЕНТАЦИЯ** |
| ФОРМА ПЕРВИЧНОЙ УЧЕТНОЙ ДОКУМЕНТАЦИИ |
|  |  | **№ 067/у** |
| Наименование и местонахождение (полный почтовый адрес) учреждения здравоохранения, в котором заполняется форма \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **УТВЕРЖДЕНО** |
|  |  | Приказом Министерства здравоохранения  |
|  |  |  | Донецкой Народной Республики |
| Идентификационный код  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | № |  |  |  |  |  |  |
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| **ЖУРНАЛ****регистрации медицинской помощи, оказываемой на занятиях****физической культуры и спортивных мероприятиях****Начат «\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20 \_\_\_\_\_\_ года Окончен «\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20 \_\_\_\_\_\_года** |

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 Продолжение приложения 17

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| № п/п | Дата и время регистрации | Фамилия, имя, отчество | Год рождения | Пол | Домашний адрес | Из какой организации или физкультурного коллектива пострадавший | Повреждение произошло во время тренировки, занятия, соревнования (вписать) | Вид спорта, упражнения, при котором произошла травма |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
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 Продолжение приложения 17

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| Стаж (лет, месяцев) в этом виде спорта | Спортивный разряд или квалификация | Диагноз заболевания, травмы (локализация и характер повреждения) | Причина, вызвавшая повреждения | Данная травма первичная или повторная (вписать) | Оказанная медпомощь | Фамилия и должность оказавшего медицинскую помощь | Примечание |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
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