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 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | № |  |  |  |  |  |  |
|  | | | | | | | | | | |  | | | | | | | | | | | | | |
| **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 | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |