Приложение 19

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 | | | | | | | | | | | | | |
|  |  | | | | | | | | | | **№ 068/у** | | | | | | | | | | | | | |
| Наименование и местонахождение (полный почтовый адрес) учреждения здравоохранения, в котором заполняется форма \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | **УТВЕРЖДЕНО** | | | | | | | | | | | | | |
|  |  | | | | | | | | | | Приказом Министерства здравоохранения | | | | | | | | | | | | | |
|  |  | | | | | | | | |  | Донецкой Народной Республики | | | | | | | | | | | | | |
| Идентификационный код | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | № |  |  |  |  |  |  |  |
|  | | | | | | | | | | |  | | | | | | | | | | | | | |
| **ЖУРНАЛ**  **медицинского обслуживания физкультурных мероприятий**  **Начат «\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20 \_\_\_\_\_\_ года Окончен «\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20 \_\_\_\_\_\_года** | | | | | | | | | | | | | | | | | | | | | | | | | |

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Продолжение приложения 19

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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | № п/п | Дата и время регистрации | Наименование мероприятий | Наименование организации | Название спортивного объекта | Число участников | Санитарная оценка условий проведения мероприятия | Число отстраненных от участия в соревнованиях | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |

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Продолжение приложения 19

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| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Число обращений в медпункт | | Из числа участников получили спортивные травмы | | Госпитализировано | | Претензии к судейскому аппарату и оргкомитету, как они разрешены | Фамилия врача, медсестры, обслуживавших мероприятие | Примечание | | участников | прочих | тяжелые | средней тяжести | участников | прочих | | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |