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