Приложение 3

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 | | | | | | | | | | | | | |
|  |  | | | | | | | | |  | **№ 025-1Т/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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| Маркировка | **МЕДИЦИНСКАЯ КНИЖКА**  **бортпроводника**  Фамилия \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Имя \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Отчество \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Маркировка |
| Терапевта | Невропатолога |
| Хирурга | Отоларинголога |
| Дерматовенеро-лога | Офтальмолога |
| Гинеколога | Аллергия |
| Другие отметки |

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Продолжение приложения 3

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| **Лист уточненных диагнозов**   |  |  |  |  | | --- | --- | --- | --- | | Дата | Уточненный диагноз | Впервые в жизни установленный диагноз (отметить знаком «+») | Фамилия врача | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

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Продолжение приложения 3

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| Группа крови  Фотография,  печать \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  резус-фактор  наименование авиапредприятия  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  фамилия,  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  имя, отчество  Дата, год рождения \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Национальность \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Образование \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Дата зачисления на работу \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Домашний адрес (телефон) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Адрес поликлиники, телефон \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Адрес женской консультации, телефон \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Дата заполнения книжки  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_ г. |
| **ОБЩИЙ АНАМНЕЗ**  1. Наследственность \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Перенесенные заболевания (какие, в каком возрасте) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Аллергия (нет, есть, указать к каким веществам, как проявляется) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. Обмороки, судорожные припадки, потери сознания (не было, были – когда) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. Травмы, операции (не было, были – когда, локализация, характер, длительность лечения, последствия) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  6. Психические травмы (какие, когда) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  7. Профессия до работы бортпроводником, были ли на прежней работе контакты с вредными производственными факторами, указать какими, когда, на какой работе \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  8. Вредные привычки \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. Занятие физкультурой, спортом \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Личная подпись |

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Продолжение приложения 3

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| **УСЛОВИЯ ТРУДА, БЫТА И ОТДЫХА**  **(ЗАПОЛНЯЕТСЯ ПРИ СОСТАВЛЕНИИ ЭПИКРИЗА НА ВКК)**   |  |  |  |  | | --- | --- | --- | --- | | Дата, год | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | | Летнее время за год (в час) |  |  |  | | в том числе в ночное время |  |  |  | | Характеристика труда: особенности выполняемых рейсов (местные, внутренние, международные линии), наличие эстафет, с пересечением часовых поясов или климатических зон, было ли продление нормы летнего времени, нарушение месячных норм летнего времени (в какие месяцы), перерывы в летней работе (когда, причины), регулярность выходных дней |  |  |  | | Время и место проведения отпуска, задолженность по отпускам |  |  |  | | Жилищные условия, состав семьи. Время в пути до работы |  |  |  | | Занятие физкультурой, нет |  |  |  | | Вредные привычки |  |  |  | |
| **ПРОФИЛАКТИЧЕСКИЕ ПРИВИВКИ**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Дата | Наименование | Доза, серия препарата | Должность, фамилия медработника | Реакция на прививку | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

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Продолжение приложения 3

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| **АНТРОПОМЕТРИЧЕСКИЕ ПОКАЗАТЕЛИ**  Масса тела   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Показатели | Год  Дата | 20 \_\_\_ г. | 20 \_\_\_ г. | | 20 \_\_\_ г. | | 20 \_\_\_ г. | | 20 \_\_\_ г. | | | I |  |  |  |  |  |  |  |  |  |  | | II |  |  |  |  |  |  |  |  |  |  | | III |  |  |  |  |  |  |  |  |  |  | | Перед ВЛЭК |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Дата, год  Показатели | | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | | Окружность грудной клетки | в покое |  |  |  |  |  | | при входе |  |  |  |  |  | | при выходе |  |  |  |  |  | | Динамо-метрия | правой кисти |  |  |  |  |  | | левой кисти |  |  |  |  |  | | Спирометрия | |  |  |  |  |  |   Рост \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Форма грудной клетки \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Длина ноги \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Телосложение \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **ПОКАЗАТЕЛИ ФУНКЦИОНАЛЬНОЙ СПОСОБНОСТИ СЕРДЕЧНО-СОСУДИСТОЙ СИСТЕМЫ (ЕЖЕКВАРТАЛЬНЫЕ И ПЕРЕД ВЛЭК)**   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Пока-затели | Год  Дата | | 20 \_\_\_ г. | | | | 20 \_\_\_ г. | | | | |  |  |  |  |  |  |  |  | | Пульс | в покое | |  |  |  |  |  |  |  |  | | после физ. нагрузки | |  |  |  |  |  |  |  |  | | через 3 мин. | |  |  |  |  |  |  |  |  | | ритм | |  |  |  |  |  |  |  |  | | наполнение | |  |  |  |  |  |  |  |  | | напряжение | |  |  |  |  |  |  |  |  | | Артериальное давление | в покое | мак. |  |  |  |  |  |  |  |  | | мин. |  |  |  |  |  |  |  |  | | после физ. нагрузки | мак. |  |  |  |  |  |  |  |  | | мин. |  |  |  |  |  |  |  |  | | через  3 мин. | мак. |  |  |  |  |  |  |  |  | | мин. |  |  |  |  |  |  |  |  | | Дополнительные данные | | |  |  |  |  |  |  |  |  | |

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Продолжение приложения 3

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| **ДАННЫЕ ТЕРАПЕВТИЧЕСКОГО ОБСЛЕДОВАНИЯ ПРИ ОСВИДЕТЕЛЬСТВОВАНИИ НА ВЛЭК**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Дата, год | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | | Жалобы, анамнез: подпись обследуемого |  |  |  |  | | Кожа, слизистые |  |  |  |  | | Лимфатическая система |  |  |  |  | | Щитовидная железа |  |  |  |  | | Органы дыхания |  |  |  |  | | Сердечно-сосудистая система |  |  |  |  | | Органы пищеварения |  |  |  |  | |

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Продолжение приложения 3

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Дата, год | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | | Селезенка |  |  |  |  | | Почки |  |  |  |  | | Дополнительные данные |  |  |  |  | | Диагноз, шифр МКБ-10 |  |  |  |  | | Экспертное заключение |  |  |  |  | | Группа диспансерного наблюдения; лечебно-профилактические назначения |  |  |  |  | | Фамилия, подпись врача |  |  |  |  | |
| **ДАННЫЕ ХИРУРГИЧЕСКОГО ОБСЛЕДОВАНИЯ ПРИ ОСВИДЕТЕЛЬСТВОВАНИИ НА ВЛЭК**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Дата, год | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | | Жалобы, анамнез: (травмы, операции) |  |  |  |  | | Кожа и подкожная клетчатка (рубцы, свищи, пятна и др.) |  |  |  |  | | Костно-суставной аппарат |  |  |  |  | | Брюшной пресс (паховые кольца, грыжи) |  |  |  |  | | Органы брюшной полости |  |  |  |  | | Мочеполовые органы |  |  |  |  | | Прямая кишка (наружный осмотр, пальцевое исследование) |  |  |  |  | |

8

Продолжение приложения 3

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Дата, год | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | | Состояние периферических сосудов |  |  |  |  | | Дополнительные данные |  |  |  |  | | Оценка физического развития |  |  |  |  | | Диагноз, шифр МКБ-10 |  |  |  |  | | Экспертное заключение |  |  |  |  | | Группа диспансерного наблюдения; лечебно-профилактические назначения |  |  |  |  | | Фамилия, подпись врача |  |  |  |  | |
| **ДАННЫЕ НЕВРОЛОГИЧЕСКОГО ОБСЛЕДОВАНИЯ ПРИ ОСВИДЕТЕЛЬСТВОВАНИИ НА ВЛЭК**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Дата, год | | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | | Жалобы, анамнез | |  |  |  |  | | Черепно-мозговые нервы (зрачки, движение глазных яблок, носогубные складки и т.д.) | |  |  |  |  | | Двигательная сфера | Активные движения (сила, объем), походка |  |  |  |  | | Пассивные движения. Мышечный тонус |  |  |  |  | | Двигательные явления раздражения (дрожание, судороги) |  |  |  |  | | Координация движений |  |  |  |  | | Мышечная возбудимость |  |  |  |  | | Трофические расстройства мышц |  |  |  |  | | Статика |  |  |  |  | | Чувствительность (поверхностная, глубокая) | |  |  |  |  | |

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Продолжение приложения 3

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| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Дата, год | | | | | | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | | Нервные стволы | | | | | |  |  |  |  | | Менингиальные симптомы | | | | | |  |  |  |  | | Рефлексы | суходильные | | верхних конечно-стей | | двухглавной мышцы |  |  |  |  | | трехглавной мышцы |  |  |  |  | | коленные | | |  |  |  |  | | ахиловые | | |  |  |  |  | | периостальные | | | | |  |  |  |  | | кожные | | | | |  |  |  |  | | слизистой оболочки | | | глоточные | |  |  |  |  | | корнеальный | |  |  |  |  | | Тазовые органы | | | | | |  |  |  |  | | Вегетативная нервная система | | Дермографизм (окраска, стойкость) | | | |  |  |  |  | | пиломоторы | | | |  |  |  |  | | Состояние кожи конечностей; трофические расстройства | | | |  |  |  |  | |
| **ДАННЫЕ НЕВРОЛОГИЧЕСКОГО ОБСЛЕДОВАНИЯ ПРИ ОСВИДЕТЕЛЬСТВОВАНИИ НА ВЛЭК**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Дата, год | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | | Дополнительные данные |  |  |  |  | | Диагноз, шифр МКБ-10 |  |  |  |  | | Экспертное заключение |  |  |  |  | | Группа диспансерного наблюдения; лечебно-профилактические назначения |  |  |  |  | | Фамилия, подпись врача |  |  |  |  | |

10

Продолжение приложения 3

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| **ДАННЫЕ ПСИХОФИЗИОЛОГИЧЕСКОГО ОБСЛЕДОВАНИЯ**   |  |  | | --- | --- | | Дата, год | Повод, результаты обследования, заключение, рекомендации, подпись врача | |  |  | |
| **ДАННЫЕ ОСМОТРА ОРГАНА ЗРЕНИЯ**  **ПРИ ОСВИДЕТЕЛЬСТВОВАНИИ НА ВЛЭК**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Дата, год | | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | | Жалобы, анамнез | |  |  |  |  | | Цветовое зрение по Рабкину | |  |  |  |  | | Острота зрения | без коррекции |  |  |  |  | | с коррекцией |  |  |  |  | | Рефракция | |  |  |  |  | | Зрачки | |  |  |  |  | | Рефлектор; реакция зрачков | |  |  |  |  | | Веки | |  |  |  |  | | Коньюнктивы | |  |  |  |  | | Слезные пути | |  |  |  |  | | Среды | |  |  |  |  | | Глазное дно | |  |  |  |  | |

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Продолжение приложения 3

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Дата, год | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | | Темноватая адаптация и острота ночного зрения |  |  |  |  | | Внутриглазное\* давление |  |  |  |  | | Дополнительные данные |  |  |  |  | | Диагноз, шифр МКБ-10 |  |  |  |  | | Экспертное закючение |  |  |  |  | | Группа диспансерного наблюдения; лечебно-профилактические назначения |  |  |  |  | | Фамилия, подпись врача |  |  |  |  |   \* определяется по показаниям и после 35 лет |
| **ДАННЫЕ ОСМОТРА ЛОРОРГАНОВ**  **ПРИ ОСВИДЕТЕЛЬСТВОВАНИИ НА ВЛЭК**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Дата, год | | 20 \_\_\_ г. | | 20 \_\_\_ г. | | 20 \_\_\_ г. | | 20 \_\_\_ г. | | | Жалобы, анамнез,  подпись обследуемого | |  | |  | |  | |  | | | Нос | носовая перегородка |  | |  | |  | |  | | | слизистая |  | |  | |  | |  | | | носовое дыхание | справа | слева | справа | слева | справа | слева | справа | слева | | обоняние (указать степень) |  | |  | |  | |  | | | Носоглотка | |  | |  | |  | |  | | | Глотка | слизистая |  | |  | |  | |  | | | состояние миндалин, степень их увеличения |  | |  | |  | |  | | | Состояние региональных лимфоузлов | |  | |  | |  | |  | | | Гортань | надгортанник |  | |  | |  | |  | | | слизистая |  | |  | |  | |  | | | данные ларингоскопии |  | |  | |  | |  | | | характер голоса |  | |  | |  | |  | | |

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Продолжение приложения 3

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Дата, год | | | 20 \_\_\_ г. | | 20 \_\_\_ г. | | 20 \_\_\_ г. | | 20 \_\_\_ г. | | | Ухо | | наружное |  | |  | |  | |  | | | заушная область |  | |  | |  | |  | | | состояние барабанных перепонок |  | |  | |  | |  | | | Острота слуха на шепотную речь | | дискантова группа слов | правое | левое | правое | левое | правое | левое | правое | левое | |  |  |  |  |  |  |  |  | | басовая группа слов |  |  |  |  |  |  |  |  | | разговорная речь |  |  |  |  |  |  |  |  | | барофункция | | |  | |  | |  | |  | | | Исследование вестибулярного аппарата | название опыта | |  | |  | |  | |  | | | после вращения | | вправо | влево | вправо | влево | вправо | влево | вправо | влево | | отолитовая реакция (степень) | | 0123 | 0123 | 0123 | 0123 | 0123 | 0123 | 0123 | 0123 | | сопровождается (нужное подчеркнуть, дописать) | | нистагм, голово-кружение, сердцеби-ение, побледне-ние, потоотде-ление, тошнота, рвота | нистагм, голово-кружение, сердцеби-ение, побледне-ние, потоотде-ление, тошнота, рвота | нистагм, голово-кружение, сердцеби-ение, побледне-ние, потоотде-ление, тошнота, рвота | нистагм, голово-кружение, сердцеби-ение, побледне-ние, потоотде-ление, тошнота, рвота | нистагм, голово-кружение, сердцеби-ение, побледне-ние, потоотде-ление, тошнота, рвота | нистагм, голово-кружение, сердцеби-ение, побледне-ние, потоотде-ление, тошнота, рвота | нистагм, голово-кружение, сердцеби-ение, побледне-ние, потоотде-ление, тошнота, рвота | нистагм, голово-кружение, сердцеби-ение, побледне-ние, потоотде-ление, тошнота, рвота | |
| **ДАННЫЕ ОБСЛЕДОВАНИЯ ЛОРОРГАНОВ**  **ПРИ ОСВИДЕТЕЛЬСТВОВАНИИ НА ВЛЭК (продолжение)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Дата, год | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | | Дополнительные обследования, включая камертональные исследования |  |  |  |  | | Диагноз, шифр МКБ-10 |  |  |  |  | | Экспертное закючение |  |  |  |  | | Группа диспансерного наблюдения; лечебно-профилактические назначения |  |  |  |  | | Фамилия, подпись врача |  |  |  |  | |

13

Продолжение приложения 3

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| **ДАННЫЕ ФУНКЦИОНАЛЬНЫХ,**  **ИНСТРУМЕНТАЛЬНЫХ И ДРУГИХ ОБСЛЕДОВАНИЙ**  **1. Аудиометрия (в хронологическом порядке подклеивается аудиограмма с заключением)** |
| **2. Рентгенологическое исследование легких, сердца,**  **желудочно-кишечного тракта и других органов**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

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Продолжение приложения 3

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| **3. Электрокардиографические исследования, фонокардио-, балистокардио- и другие исследования (записываются в хронологическом порядке)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |

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Продолжение приложения 3

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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| **4. Электроэнцефалография, реоэнцефалография, барокамерные и другие исследования**   |  |  |  |  | | --- | --- | --- | --- | | Дата и год | Повод к обследованию | Результаты | Подпись врача | |  |  |  |  | |

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Продолжение приложения 3

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5. Лабораторные исследования**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Дата, год  Показатели | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | Гематиологические исследования | лейкоциты |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | эритроциты |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | гемоглобин |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | цветной пок-ль |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | СОЭ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | базофилы |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | эозинофилы |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | метамиэлоциты |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | палочко-ядерные |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | сегменто-ядерные |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | лимфоциты |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | моноциты |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | тромбоциты |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | ретикулоциты |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | свертываемость крови |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | глюкоза |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **5. Лабораторные исследования (продолжение)**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Дата, год  Показатели | |  |  |  |  |  |  |  |  | | Моча | Уд. вес |  |  |  |  |  |  |  |  | | РН |  |  |  |  |  |  |  |  | | белок |  |  |  |  |  |  |  |  | | сахар |  |  |  |  |  |  |  |  | | ацетон |  |  |  |  |  |  |  |  | | желчные пигменты |  |  |  |  |  |  |  |  | | уробилин |  |  |  |  |  |  |  |  | | лейкоциты |  |  |  |  |  |  |  |  | | эритроциты |  |  |  |  |  |  |  |  | | цилиндры |  |  |  |  |  |  |  |  | | эпителий |  |  |  |  |  |  |  |  | | соли |  |  |  |  |  |  |  |  | | бактерии |  |  |  |  |  |  |  |  | | Кал | яйца глистов |  |  |  |  |  |  |  |  | | простейшие |  |  |  |  |  |  |  |  | | скрытая кровь |  |  |  |  |  |  |  |  | |

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Продолжение приложения 3

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| **Другие лабораторные исследования**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Дата, год | Наименование исследования | Повод к исследованию | Результаты | Подпись врача | |  |  |  |  |  | |
| **ЗАКЛЮЧЕНИЕ ВЛЭК**   |  |  |  |  | | --- | --- | --- | --- | | Дата, год | | Дата, год | | | Повод для освидетельствования: (необходимое подчеркнуть) | очередное  внеочередное в связи с:  заболеванием, беременностью, перерывом в работе | Повод для освидетельствования: (необходимое подчеркнуть) | очередное  внеочередное в связи с:  заболеванием, беременностью, перерывом в работе | | Диагноз: | | Диагноз: | | | По статье  Графе  ФАП МО ГА 20 \_\_\_ г. | | По статье  Графе  ФАП МО ГА 20 \_\_\_ г. | | | Группа Д:  Лечебно-профилактические назначения: | | Группа Д:  Лечебно-профилактические назначения: | | | Председатель \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ВЛЭК  Фамилия, подпись  Печать | | Председатель \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ВЛЭК  Фамилия, подпись  Печать | | |

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Продолжение приложения 3

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  | | --- | --- | --- | --- | | Дата, год | | Дата, год | | | Повод для освидетельствования: (необходимое подчеркнуть) | очередное  внеочередное в связи с:  заболеванием, беременностью, перерывом в работе | Повод для освидетельствования: (необходимое подчеркнуть) | очередное  внеочередное в связи с:  заболеванием, беременностью, перерывом в работе | | Диагноз: | | Диагноз: | | | По статье  Графе  ФАП МО ГА 20 \_\_\_ г. | | По статье  Графе  ФАП МО ГА 20 \_\_\_ г. | | | Группа Д:  Лечебно-профилактические назначения: | | Группа Д:  Лечебно-профилактические назначения | | | Председатель \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ВЛЭК  Фамилия, подпись  Печать | | Председатель \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ВЛЭК  Фамилия, подпись  Печать | | |
| **ДАННЫЕ АКУШЕРСКО-ГИНЕКОЛОГИЧЕСКОГО ОБСЛЕДОВАНИЯ**  **Акушерско-гинекологический анамнез**  1. Первые менструации с \_\_\_\_\_\_ лет, установились сразу, через \_\_\_\_\_\_\_\_\_ дней, обильные, с болью, без боли, регулярные, нерегулярные \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Перенесенные женские болезни (какие, когда) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Сведения о детях \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (возраст, здоровье)  4. Сведения о беременностях   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Беременность по счету | Дата, год | Срок беременности | | Сведения о пренатальных факторах риска | Исход беременности | | | | Состояние ребенка при рождении | | аборт | | роды | | | при обращении | при переводе на другую работу | самопроиз-вольный (в срок беремен-ности) | искусственный (в срок беременности) | прежде-времен. (в срок беремен-ности) | срочные | | 1 |  |  |  |  |  |  |  |  |  | | 2 |  |  |  |  |  |  |  |  |  | | 3 |  |  |  |  |  |  |  |  |  | | 4 |  |  |  |  |  |  |  |  |  | | 5 |  |  |  |  |  |  |  |  |  | | 6 |  |  |  |  |  |  |  |  |  | | 7 |  |  |  |  |  |  |  |  |  | |

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Продолжение приложения 3

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ДАННЫЕ ОСМОТРА АКУШЕРА-ГИНЕКОЛОГА (КВАРТАЛЬНЫЕ И ПЕРЕД ОСВИДЕТЕЛЬСТВОВАНИЕМ НА ВЛЭК)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Дата, год | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | | Жалобы, анамнез |  |  |  |  | | Последняя менструация (дата, характер) |  |  |  |  | | Наружные половые органы |  |  |  |  | | Влагалище |  |  |  |  | | Шейка матки |  |  |  |  | | Положение матки, величина, состояние придатков и др. |  |  |  |  | | Дополнительные данные, результаты специальных исследований и др. |  |  |  |  | | Диагноз, шифр МКБ-10 |  |  |  |  | | Лечебно-профилактические рекомендации |  |  |  |  | | Подпись врача |  |  |  |  | |
| **ДАННЫЕ ОСМОТРА АКУШЕРА-ГИНЕКОЛОГА (КВАРТАЛЬНЫЕ И ПЕРЕД ОСВИДЕТЕЛЬСТВОВАНИЕМ НА ВЛЭК)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Дата, год | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | | Жалобы, анамнез |  |  |  |  | | Последняя менструация (дата, характер) |  |  |  |  | | Наружные половые органы |  |  |  |  | | Влагалище |  |  |  |  | | Шейка матки |  |  |  |  | | Положение матки, величина, состояние придатков и др. |  |  |  |  | | Дополнительные данные, результаты специальных исследований и др. |  |  |  |  | | Диагноз, шифр МКБ-10 |  |  |  |  | | Лечебно-профилактические рекомендации |  |  |  |  | | Подпись врача |  |  |  |  | |

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Продолжение приложения 3

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **ДАННЫЕ СПЕЦИАЛЬНЫХ ЛАБОРАТОРНЫХ ИССЛЕДОВАНИЙ**  **(по показаниям и в сроки, установленные санэпидстанцией)**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Наименование исследований | Год 20 \_\_\_ г. | | | Год 20 \_\_\_ г. | | | Год 20 \_\_\_ г. | | | | дата | Лаборатор-ный реги-страцион-ный № | Результат исследо-ваний | дата | Лаборатор-ный реги-страцион-ный № | Результат исследо-ваний | дата | Лаборатор-ный реги-страцион-ный № | Результат исследо-ваний | | Мазок на |  |  |  |  |  |  |  |  |  | | Кровь на |  |  |  |  |  |  |  |  |  | | Анализ кала на носительство возбудителей кишечных инфекций |  |  |  |  |  |  |  |  |  | |
| **ДАННЫЕ ОСМОТРА ДЕРМАТОВЕНЕРОЛОГА**  **(КВАРТАЛЬНЫЕ И ПЕРЕД ВЛЭК)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Дата, год | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | | Жалобы, анамнез |  |  |  |  | | Объективные данные |  |  |  |  | | Диагноз, шифр МКБ-10 |  |  |  |  | | Заключение |  |  |  |  | | Подпись врача |  |  |  |  | |

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Продолжение приложения 3

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Дата, год | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | | Жалобы, анамнез |  |  |  |  | | Объективные данные |  |  |  |  | | Диагноз, шифр МКБ-10 |  |  |  |  | | Заключение |  |  |  |  | | Подпись врача |  |  |  |  | |
| **ДАННЫЕ ОСМОТРА ДЕРМАТОВЕНЕРОЛОГА**  **КВАРТАЛЬНЫЕ И ПЕРЕД ВЛЭК (ПРОДОЛЖЕНИЕ)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Дата, год | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | | Жалобы, анамнез |  |  |  |  | | Объективные данные |  |  |  |  | | Диагноз, шифр МКБ-10 |  |  |  |  | | Заключение |  |  |  |  | | Подпись врача |  |  |  |  | |

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Продолжение приложения 3

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Дата, год | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | 20 \_\_\_ г. | | Жалобы, анамнез |  |  |  |  | | Объективные данные |  |  |  |  | | Диагноз, шифр МКБ-10 |  |  |  |  | | Заключение |  |  |  |  | | Подпись врача |  |  |  |  | |
| **НАБЛЮДЕНИЕ У СТОМАТОЛОГА**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Дата и повод для осмотра |  | | | | | | | | | | | | | | | | | Кожа лица, лимфатические узлы |  | | | | | | | | | | | | | | | | | Височно-нижнечелюстной сустав |  | | | | | | | | | | | | | | | | | Слизистая губ, десен, полости рта |  | | | | | | | | | | | | | | | | | Слюнные железы, саливация |  | | | | | | | | | | | | | | | | | Прикус |  | | | | | | | | | | | | | | | | | Зубные отложения |  | | | | | | | | | | | | | | | | | Зубная формула: отсут.- О, непрорез. – НП, пломба – ПЛ, кор.метал. – КМ, мост.протез. – М, съемный протез – ПР, подл.удал. – Э, гранулема – ГР, корень – КН, кариес - К | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | Диагноз и заключение врача |  | | | | | | | | | | | | | | | | | Проведенное лечение  Дата следующей явки |  | | | | | | | | | | | | | | | | |

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Продолжение приложения 3

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **НАБЛЮДЕНИЕ У СТОМАТОЛОГА (продолжение)**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Дата и повод для осмотра |  | | | | | | | | | | | | | | | | | Кожа лица, лимфатические узлы |  | | | | | | | | | | | | | | | | | Височно-нижнечелюстной сустав |  | | | | | | | | | | | | | | | | | Слизистая губ, десен, полости рта |  | | | | | | | | | | | | | | | | | Слюнные железы, саливация |  | | | | | | | | | | | | | | | | | Прикус |  | | | | | | | | | | | | | | | | | Зубные отложения |  | | | | | | | | | | | | | | | | | Зубная формула: отсут.- О, непрорез. – НП, пломба – ПЛ, кор.метал. – КМ, мост.протез. – М, съемный протез – ПР, подл.удал. – Э, гранулема – ГР, корень – КН, кариес - К | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | Диагноз и заключение врача |  | | | | | | | | | | | | | | | | | Проведенное лечение  Дата следующей явки |  | | | | | | | | | | | | | | | | |

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Продолжение приложения 3

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| **НАБЛЮДЕНИЕ У СТОМАТОЛОГА**   |  |  |  |  | | --- | --- | --- | --- | | Дата, год | Жалобы | Объективные данные, диагноз, проведенное лечение, дата следующей явки, номер листка нетрудоспособности | Подпись врача | |  |  |  |  | |
| **НАБЛЮДЕНИЕ В МЕЖКОМИССИОННЫЙ ПЕРИОД**  (Осмотры при заболеваниях, диспансерные, профилактические осмотры, консультации специалистов, годовые эпикризы специалистов и врача службы, эпикризы на внеочередную ВЛЭК и другие осмотры с указанием повода (сдача норм ГТО, спортивные соревнования, занятия в спортивных секциях, бассейне, перед профилактическими прививками, беременность и др.)   |  |  | | --- | --- | | Дата, год | Жалобы, анамнез, объективные данные осмотра, диагноз, заключение, назначения, номер листка нетрудоспособности, дата следующей явки, подпись врача | |  |  | |

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Продолжение приложения 3

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| **НАБЛЮДЕНИЕ В МЕЖКОМИССИОННЫЙ ПЕРИОД**   |  |  | | --- | --- | | Дата, год | Жалобы, анамнез, объективные данные осмотра, диагноз, заключение, назначения, номер листка нетрудоспособности, дата следующей явки, подпись врача | |  |  | |
| (продолжение)   |  |  | | --- | --- | | Дата, год | Жалобы, анамнез, объективные данные осмотра, диагноз, заключение, назначения, номер листка нетрудоспособности, дата следующей явки, подпись врача | |  |  | |

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Продолжение приложения 3

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| --- | --- | --- | --- | --- |
| (продолжение)   |  |  | | --- | --- | | Дата, год | Жалобы, анамнез, объективные данные осмотра, диагноз, заключение, назначения, номер листка нетрудоспособности, дата следующей явки, подпись врача | |  |  | |
| (продолжение)   |  |  | | --- | --- | | Дата, год | Жалобы, анамнез, объективные данные осмотра, диагноз, заключение, назначения, номер листка нетрудоспособности, дата следующей явки, подпись врача | |  |  | |

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Продолжение приложения 3

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| --- | --- | --- | --- | --- |
| (продолжение)   |  |  | | --- | --- | | Дата, год | Жалобы, анамнез, объективные данные осмотра, диагноз, заключение, назначения, номер листка нетрудоспособности, дата следующей явки, подпись врача | |  |  | |
| (продолжение)   |  |  | | --- | --- | | Дата, год | Жалобы, анамнез, объективные данные осмотра, диагноз, заключение, назначения, номер листка нетрудоспособности, дата следующей явки, подпись врача | |  |  | |

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Продолжение приложения 3

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| --- | --- | --- | --- | --- |
| (продолжение)   |  |  | | --- | --- | | Дата, год | Жалобы, анамнез, объективные данные осмотра, диагноз, заключение, назначения, номер листка нетрудоспособности, дата следующей явки, подпись врача | |  |  | |
| (продолжение)   |  |  | | --- | --- | | Дата, год | Жалобы, анамнез, объективные данные осмотра, диагноз, заключение, назначения, номер листка нетрудоспособности, дата следующей явки, подпись врача | |  |  | |

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Продолжение приложения 3

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| --- | --- | --- | --- | --- |
| (продолжение)   |  |  | | --- | --- | | Дата, год | Жалобы, анамнез, объективные данные осмотра, диагноз, заключение, назначения, номер листка нетрудоспособности, дата следующей явки, подпись врача | |  |  | |
| (продолжение)   |  |  | | --- | --- | | Дата, год | Жалобы, анамнез, объективные данные осмотра, диагноз, заключение, назначения, номер листка нетрудоспособности, дата следующей явки, подпись врача | |  |  | |

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Продолжение приложения 3

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| (продолжение)   |  |  | | --- | --- | | Дата, год | Жалобы, анамнез, объективные данные осмотра, диагноз, заключение, назначения, номер листка нетрудоспособности, дата следующей явки, подпись врача | |  |  | |
| (продолжение)   |  |  | | --- | --- | | Дата, год | Жалобы, анамнез, объективные данные осмотра, диагноз, заключение, назначения, номер листка нетрудоспособности, дата следующей явки, подпись врача | |  |  | |

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Продолжение приложения 3

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| --- | --- | --- | --- | --- |
| (продолжение)   |  |  | | --- | --- | | Дата, год | Жалобы, анамнез, объективные данные осмотра, диагноз, заключение, назначения, номер листка нетрудоспособности, дата следующей явки, подпись врача | |  |  | |
| (продолжение)   |  |  | | --- | --- | | Дата, год | Жалобы, анамнез, объективные данные осмотра, диагноз, заключение, назначения, номер листка нетрудоспособности, дата следующей явки, подпись врача | |  |  | |