**УТВЕРЖДЕНО**

Приказом Министерства здравоохранения

Донецкой Народной Республики

09.01.2015 №12

(в редакции Приказа Министерства здравоохранения Донецкой Народной Республики

12.03.2018 № 367)

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| Наименование министерства, другого органа исполнительной власти, предприятия, учреждения, организации, к сфере управления которого принадлежит учреждение здравоохранения | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **МЕДИЦИНСКАЯ ДОКУМЕНТАЦИЯ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Форма первичной учетной документации | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | **№ 103/у** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Наименование и местонахождение (полный почтовый адрес) заведения здравоохранения, где заполняется форма | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | УТВЕРЖДЕНО | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Код по ЕГРПОДНР | | | | | | | | | | | | | | |  | | |  | |  | |  | | | |  | | |  | | |  |  | |  | | |  | | |  | | | |  |  |  | | |  | |  | |  | | | | | **№** |  | |  |  | | | |  | |  | | | |
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| Медицинское свидетельство о рождении № \_\_\_\_\_\_ (выдается для регистрации в органах регистрации актов гражданского состояния) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Дата выдачи | | | | | | | | | | | | | | **"\_\_\_\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 20 \_\_\_\_\_\_ г. | | | | | | | | | | |  | | | | | | | | | | | | | |
| **I. Я, врач (фельдшер, акушерка)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| (фамилия, имя, отчество) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| этим подтверждаю, что у гражданки | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| (фамилия, имя, отчество) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| которая проживает по   адресу: | | | | | | | | | | | | | | | государство | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | республика, область | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | район | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | населенный пункт | | | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | улица\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |  | | | | дом № | | | | | | | \_\_\_\_\_ | | | | | | | | кв № | | | \_\_\_\_\_\_ в \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  наименование лечебного учреждения, дома, другом месте | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |  | | | |  | | | | | | |  | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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|  | | родился (ась): | | | | | | | | год | | \_\_\_\_\_\_\_ | | | | | | | | месяц | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | число | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | время | | | | | \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | |
| ребенок: мальчик, девочка (подчеркнуть) весом \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ граммов  дата рождения матери: число \_\_\_\_\_\_, месяц \_\_\_\_\_\_, год \_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | **ІІ. Специальные сведения:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Ребенок родился: доношенным, недоношенным, переношенным (подчеркнуть), на \_\_\_\_\_\_\_\_ неделе беременности. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Ребенок родился при одноплодных родах, первым из двойни, вторым из двойни, при многоплодных родах (подчеркнуть) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Какая по счету данная беременность \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Какие роды по счету | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Сколько у матери живых детей | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 6. Дата последних предыдущих родов (месяц, год) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 7. Число предыдущих беременностей, которые закончились, рождением живого ребенка | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , | | | | | | | | | | | | | | | | | |  | | | | | | |
| мертворождением | | | | | | | | | | | \_\_\_\_\_, | | | | | | | непроизвольным выкидышем | | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, | | | | | | | | | | | | | | | | | | искусственным абортом | | | | | | | | | | | | | | | | | | \_\_\_\_ |  | | | | | |
| 8. Чем закончилась предыдущая беременность: рождением живого ребенка, мертворождением, непроизвольным выкидышем,  искусственным абортом (подчеркнуть). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Родители ребенка находятся в зарегистрированном браке, мать ребенка в зарегистрированном браке не состоит (подчеркнуть) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Если родители являются лицами, которые пострадали в результате Чернобыльской катастрофы, указать категорию и серию  удостоверения: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | а) мать: категория | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | серия | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | б) отец: категория | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | серия | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Подпись врача (фельдшера, акушерки) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | (подпись) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| С вышеизложенным согласна \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (фамилия, имя, отчество матери) (подпись) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Подпись получателя свидетельства \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ М. П. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (фамилия, имя, отчество) (подпись) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| К сведению родителей: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | * Регистрация ребенка в органах регистрации актов гражданского состоянию обязательная   и должна быть проведена не позже одного месяца со дня рождения ребенка. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Министр здравоохранения

Донецкой Народной республики А.А. Оприщенко