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| Name of healthcare organization \_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | OKUD code of form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OKPO institution code\_\_\_\_\_\_\_\_\_\_\_  Medical documentation  Form No. 079/у  Approved by the order of the Ministry of Health of Russia  No. 834н of 15.12.2014 | | |
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**MEDICAL CERTIFICATE**

**on the health condition of the child going to the FSBEI RCC "Ocean"**

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| 1. Surname, first name, patronymic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. Gender: male, female.  3. Date of birth "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_.  4. Place of registration: territorial entity of the Russian Federation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  district \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ city \_\_\_\_\_\_\_\_\_\_ settlement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ house\_\_\_\_\_\_\_\_\_ apartment \_\_\_\_\_\_\_\_\_ phone number\_\_\_\_\_\_\_\_\_\_\_\_  5. School number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (surname, first name, patronymic, place of work, phone number)  Father\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (surname, first name, patronymic, place of work, phone number)  \* Persons replacing them  6. Childhood diseases, including allergoanamnesis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  7. Prophylactic vaccinations\*:  Against tuberculosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_ 20\_\_\_\_.  Against polio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_ 20\_\_\_\_.  Against pertussis, diphtheria, tetanus (DPT, DPT, DPT-M, AD-M) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_ 20\_\_\_\_.  Against measles, epidemic mumps, rubella \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_ 20\_\_\_\_.  Against hepatitis B \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_ 20\_\_\_\_.  Against tick-borne encephalitis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_ 20\_\_\_\_.  Against chickenpox \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_ 20\_\_\_\_.  Against influenza \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_ 20\_\_\_\_.  For epidemic reasons \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_ 20\_\_\_\_.  Mantoux reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_ 20\_\_\_\_.  **\*last revaccination is filled in**  8. Health Status:  Disease Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD-10 Code\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD-10 code \_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ICD-10 code \_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. Treatment regimen prescribed by the attending physician (diet, intake of medicines for medical use and specialized therapeutic food products):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10. Physical development: weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ height\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Health group: I II III IV V (circle as necessary)  11. Medical group for physical training:  Basic Preparatory Special ( underline as necessary)  Regime: General Gentle (underline as necessary)  Dentist's report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Data of laboratory tests**  Clinical blood analysis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_ 20\_\_\_\_.  General urinalysis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_ 20\_\_\_\_.  Stool analysis for i/helm. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_20\_\_\_\_.  Scraping for enterobiasis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ "\_\_\_\_\_" \_\_\_\_\_\_\_\_ 20\_\_\_\_ .  12. Fluorography picture\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  13. Accessibility needs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  14. A note on the absence (presence) of contact with an infectious patient at the child's place of stay, before arrival at the FSBEI RCC "Ocean" within 21 days  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Examination for pediculosis -detected, -no.** Sanitization: -yes, -no.    **Contagious skin diseases:** -yes, -no.  Date of examination "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_.  Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  15. Absence of medical contraindications for staying in the organization of children's rest and their recuperation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  16. Surname, initials and signature of the physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of filling out "\_\_\_\_\_" \_\_\_\_\_\_\_\_\_ 20\_\_\_\_.  Seal  **CARD FILLING RULES**  1. The medical card (form No. 079/у) is filled out by a pediatrician two weeks before the start of the shift.  2. A note of the absence of contact with infectious patients in the school (class) and at the place of residence is issued by an outpatient clinic or Gossanepidnadzor centers three days before departure.  3. Children must be vaccinated according to their age and taking into account the epidemiological situation in the territory.  4. Children who have received an injury before departure must have a certificate from a specialist with recommendations.  5. Children with chronic diseases that require long-term medication must have a certificate from a specialist indicating the drug and dosage.  6. Children who are registered with specialized doctors must have a health report with the latest examination results.  7. Sanitation of the oral cavity is obligatory.  8. Children who do not have a medical card or have contraindications for their health condition are returned with an accompanying person at the expense of the sending organization. Information on the improper selection of children is sent to the territorial health authorities.  9. If there are cuts, scars, etc. on the child's body, specify the reason and time of their appearance.  10. If children show signs of self-inflicted skin damage, provide a note from a psychiatrist.  **MEDICAL REQUIREMENTS**  **The following are contraindications for sending children to the FSBEI "RCC "Ocean":**  1. Somatic diseases in the acute and subacute stage, chronic diseases in the stage of exacerbation, in the decompensation stage.  2. Infectious and parasitic diseases, including eye and skin diseases, infestations (pediculosis, scabies) - during the period until the end of the isolation period.  3. Proven diagnosis of "bacterial carrier" of pathogens of intestinal infections, diphtheria".  4. Active tuberculosis of any localization.  5. Malignant neoplasms requiring treatment, including chemotherapy.  6. Epilepsy with ongoing seizures, including those resistant to ongoing treatment.  7. Epilepsy with medication remission of less than one year.  8. Cachexia.  9. Mental disorders and behavioral disorders caused by the use of psychoactive substances, as well as other mental disorders and behavioral disorders in a state of exacerbation and (or) posing a danger to the patient and others.  10. The presence of contact with infectious patients within 21 calendar days before arrival to the FSBEI RCC "Ocean".  11. Absence of prophylactic vaccinations in case of mass infectious diseases or in case of threat of epidemics.  Order of the Ministry of Health of the Russian Federation No. 327н of June 13, 2018 "On Approval of the Procedure for Providing Medical Assistance to Minors during the period of recuperation and organizational recreation". |
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