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| №  п/п | Дата | Фамилия, Имя, Отчество | Профессия | Отметка  об отсутствии у работника и в его семье ОКЗ | Отметка  об отсутствии у работника и гнойничковых заболеваний кожи | Контроль за больничными листами, в т.ч. по уходу | Допуск | |
| Подпись мед. сестры | Подпись работника |
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«ЗДОРОВЬЕ»

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наименование учреждения с указанием правовой формы

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место расположение учреждения

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| НАЧАТ | «\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_г. |

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| ОКОНЧЕН | «\_\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_г. |