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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 ангины и гнойничковых заболеваний кожи | Контроль за больнич-нымилистами, в т.ч. по уходу | Допуск |
| Подпись мед. сестры | Подпись работника |
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# ЖУРНАЛ

# «ЗДОРОВЬЕ»

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| *наименование учреждения с указанием правовой формы* |
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| *месторасположение учреждения* |
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