Приложение \_\_\_\_\_\_\_\_\_\_\_\_ к анкете №\_\_\_\_

**ПОДТВЕРЖДЕНИЕ НАЛИЧИЯ НЕОБХОДИМЫХ ИССЛЕДОВАНИЙ И ВАКЦИНАЦИЙ   
У СТУДЕНТА-УЧАСТНИКА ПРОГРАММЫ ОБМЕНА СТУДЕНТАМИ**

**PROOF OF IMMUNIZATION AND RESULTS OF MEDICAL TESTS**

**FOR STUDENTS-PARTICIPANTS OF STUDENTS EXCHANGE PROGRAM**

|  |  |
| --- | --- |
| Фамилия Имя Отчество/Full Name |  |
| Дата рождения/Date of birth |  |
|  | |
| From University/Из Университета |  |
| To University/В Университет | Pirogov Russian National Research Medical University (RNRMU), Moscow, Russia |

Обследование на

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HEPATITIS B/**  **Гепатит В**  **Date of Immunization/Даты вакцинации:**   |  |  | | --- | --- | | Hepatitis B #1 |  | | Hepatitis B #2 |  | | Hepatitis B #3 |  |   POSITIVE Titer аnti-HBs/Титр анти-HBs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\* If titer is negative, repeat the series and titer/*  *Если ответ отрицательный, необходимо повторить иммунизацию и серологическое исследование*   |  |  | | --- | --- | | Date/Дата: | *«\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_г.* | | **INFORMATION ABOUT TUBERCULOSIS REGISTRATION/**  **Сведения о регистрации туберкулеза**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Information about the treatment provided in case of illness/Сведения о проведенном лечении в случае перенесенного заболевания**:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   |  |  | | --- | --- | | Date/Дата: | *«\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_г.* | |  | | |
| **HEPATITIS C/**  **Гепатит С**   |  |  | | --- | --- | | **Result /Результат:** | ⬜ Negative/Отриц | |  | ⬜ Positive/Пол |  |  |  | | --- | --- | | Date/Дата: | *«\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_г.* | |  | | | **RESULT OF CHEST X-RAY/**  **Обзорная рентгенография органов грудной клетки**  **Result/Результат:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   |  |  | | --- | --- | | Date/Дата: | *«\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_г.* | |  | | |
| **HIV INFECTION/**  **ВИЧ-инфекция**   |  |  | | --- | --- | | **Result /Результат:** | ⬜ Negative/Отриц | |  | ⬜ Positive/Пол |  |  |  | | --- | --- | | Date/Дата: | *«\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_г.* | |  | | | **MEASLES/RUBELLA/**  **КОРЬ/ КРАСНУХА**  2 required Immunizations/Вакцинация и ревакцинация   |  |  | | --- | --- | | Measles/Корь: |  | | Rubella/Краснуха: |  |   OR/ИЛИ  Positive titer/Титр IgG   |  |  | | --- | --- | | Measles/Корь: |  | | Rubella/Краснуха: |  | |
| **SYPHILIS INFECTION/**  **Сифилис**   |  |  | | --- | --- | | **Result /Результат:** | ⬜ Negative/Отриц | |  | ⬜ Positive/Пол |  |  |  | | --- | --- | | Date/Дата: | *«\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_г.* | |  | | |
| Provider Phone/Телефон учреждения: | Stamp of the Institution/Печать учреждения: |
|  | |

|  |  |
| --- | --- |
|  | *«\_\_\_\_»\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_г.* |
| *Signature of the Doctor/Health Care Provider/Подпись врача* |  |