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/ИЛИPositive 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* |  |