APPROVED
MOH Ukraine
10.01.2006 №1

Name of ministries, other central executive authorities, local government in whose jurisdiction the institution

Name and location (full postal address) of the institution whose responsible persons filled this message

Identification code USREOU

MEDICAL DOCUMENTATION

The form of initial reporting documentation
058/o

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URGENT NOTIFICATION № _____
of infectious disease, food, acute professional poisoning, an unusual reaction to vaccination

"_____" _____ _____year.
(Date of filling this form)

Message sent to _____
(Name of health institution)

1. Name and surname of the patient _____

2. Date of birth | | | | | | | | 3. Sex: male - 1 female - 2 ☐
(day, month, year)

4. Patient Residence (full address): Country _____,
Region _____, Rayon _____,
Settlement _____,
Street _____, House # _____, Apt. # _____
5. Patient Registration (full address): Country _____,
Region _____, Rayon _____,
Settlement _____,
Street _____, House # _____, Apt. # _____

6. Phone _____

7. Place of employment, education, child care and their address

8. Diagnosis _____ code according to ICD-10 _____
(specify the name)

9. Dates:

Symptoms onset | | | | | | |
(day, month, year)

Initial treatment | | | | | | |
(day, month, year)

Diagnosis | | | | | | |
(day, month, year)

Last presence at work, pre-school, or general educational institution | | | | | | |
(day, month, year)

Hospitalization | | | | | | |
(day, month, year)

10. Place of hospitalization _____
(Name of the hospital)

11. Are samples collected: Yes/No _____

Fill the table:

Date	Time	Lab №	Sample Type	Sent to

12. If poisoning - to indicate where it arose, what the poison was suffered _____

13. Initial antiepidemic measures and additional information (anamnesis, contacts, vaccine status, etc.) _____

14. Date and time of initial notification (by phone, etc.) territorial sanitary-epidemiological station

Name of person: who informed

Received a message

15. Diagnosis confirmed: laboratory tests - 1, clinical - 2, others - 3(specify)

16. Name, surname and contact phone number of the person who filled form

(signature)

The signature of the person who received the message