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| 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 APPROVED MOH Ukraine 1 0 0 1 2 0 0 6 № 1 |
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**URGENT NOTIFICATION
of infectious disease, food, acute
professional poisoning, an unusual reaction to vaccination**

” _____ ” _____ 20 ____ 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 ☐

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

5. Lives in: city – 1, countryside – 2 ☐

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. Diagnosis confirmed: Laboratory research – 1, clinically – 2,
other – 3 (fill the field) ☐

12. If poisoning - indicate where it came, the victim was poisoned _____

13. Conducted initial control measures and more _____

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

Name of person: who informed _____

Received a message _____

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

_____ (signature)

Registration number _____ in journal # 060/o of health institution

Registration number _____ in journal # 060/o of sanitary-epidemiological station

Printed from EIDSS, date and time _____

The signature of the person who received the message _____