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(Наименование предприятия, организации)

**ЖУРНАЛ**

**предрейсового медицинского осмотра водителей**

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(структурное подразделение)

**Начат\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_ год**

**Окончен\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_ год**

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| Дата | №  п/п | Ф.И.О. | Таб.  № | Жалобы | Пульс сердца, уд/мин | Температура тела, град. С0 | Артериальное давление, мм.рт. ст. | Проба на содержание алкоголя в выдыхаемом воздухе | Допуск к работе | Подпись  медработника |
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