Pielikums

Ministru kabineta

 2017. gada

 noteikumiem Nr.

**Patvēruma meklētāja sanitārās apstrādes un veselības stāvokļa**

**pārbaudes rezultāti**

Aizpilda:

 Ārsts

  Ārsta palīgs

  Māsa

Vārds, uzvārds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paraksts\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veselības pārbaudi veic:

 Ārsts

  Ārsta palīgs

Vārds, uzvārds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paraksts\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sākotnējās apskates datums (dd.mm.gggg): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sarunas valoda: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tulka piedalīšanās:  jā  nē

**I. Vispārīgie dati**

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| 1. | Uzvārds |  |
| 2. | Vārds (vārdi) |   |
| 3. | Pilsonība (pavalstniecība) |   |
| 4. | Dzimšanas datums |

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(diena) (mēnesis) (gads) |
| 5. | Dzimums | http://www.vestnesis.lv/wwwraksti/BILDES/KVADRATS.GIF Vīrietis, http://www.vestnesis.lv/wwwraksti/BILDES/KVADRATS.GIF Sieviete |
| 6. | Valsts, kurā ir dzimis  |  |
| 7. | Valsts, no kuras ieradies |  |
| 8. | Datums, kad pametis izcelsmes valsti |  |
| 9. | Valstis, kuras jau ir šķērsojis | 1. |
|  | 2. |
|  | 3. |
|  | 4. |
| 10. | Datums, kad ir ieradies Eiropas Savienībā |  |
| 11. | Datums, kad ir ieradies Latvijas Republikā |  |

**II. Anamnēze**

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| 1. | Faktori, kas varēja negatīvi ietekmēt veselības stāvokli izcelsmes valstī vai ceļojuma laikā (piemēram, bads, izvarošana, spīdzināšana)  |  |
| 2. | Kaitīgie ieradumi | 🞎 smēķēšana 🞎 alkohola lietošana 🞎 narkotisko un psihotropu vielu lietošana 🞎 cits (precizēt)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ |
| 3. | Traumas, operācijas | 🞎 jā 🞎 nē 🞎 nav zināms/nevar atbildētJa “ir”, precizēt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. | Saslimšanas ģimenē (ģimenes anamnēze) | 🞎 jā 🞎 nē 🞎 nav zināms/nevar atbildētJa “ir”, precizēt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. | Hroniskās slimības  | 🞎 jā, 🞎 nē, 🞎 nav zināms/nevar atbildētJa “ir”, precizēt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6. | Ilgtermiņa farmoakoterapija ar zālēm | 🞎 jā 🞎 nē 🞎 nav zināms/nevar atbildēt  Ja “ir”, precizēt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7. | Alerģiskās reakcijas | 🞎 jā 🞎 nē 🞎 nav zināms/nevar atbildēt Ja “ir”, precizēt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 8. | Grūtniecība (jautā sievietēm reproduktīvā vecumā) | 🞎 jā 🞎 nēJa “ir”, precizēt, kura grūtniecības nedēļa \_\_ un kura grūtniecība pēc kārtas \_\_ |
| 9. | Pēdējās mēnešreizes (jautā sievietēm reproduktīvā vecumā) |  |
| 10. | Cita svarīga informācija |  |

**Infekcijas slimību risku apzināšana**

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| **Tuberkuloze (TB)** |
| Vai ir kādreiz slimojis ar TB | 🞎 nē 🞎 nav zināms/nevar atbildēt 🞎 jā (precizēt) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Parenterālās vīrusu infekcijas** |
| Vai kādreiz ir diagnosticēts vīrusu hepatīts | 🞎 jā 🞎 nē 🞎 nav zināmsJa “ir”, norāda kāds 🞎 A, 🞎 B, 🞎 C, 🞎 E, Papildus ziņas (*kad, pašreizēja ārstēšana u.c.*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Vai kādreiz ir diagnosticēts HIV | 🞎 jā 🞎 nēPapildus ziņas (kad, pašreizējā ārstēšana u.c.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Vakcīnatkarīgās infekcijas slimības** |
| Vai kādreiz ir slimojis ar masalām | 🞎 jā 🞎 nē 🞎 nav zināms/ nevar atbildēt |
| Vai kādreiz ir slimojis ar epidēmisko parotītu | 🞎 jā 🞎 nē 🞎 nav zināms/ nevar atbildēt |
| Vai kādreiz ir slimojis ar masaliņām | 🞎 jā 🞎 nē 🞎 nav zināms/ nevar atbildēt |
| Vai kādreiz ir slimojis ar vējbakām | 🞎 jā 🞎 nē 🞎 nav zināms/ nevar atbildēt |
| **Citas infekcijas slimības** |  |
| Vai ir kādreiz slimojis ar malāriju | 🞎 jā 🞎 nē 🞎 nav zināms/ nevar atbildēt Ja “ir”, kad \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vai ir ārstēts no malārijas 🞎 jā, 🞎 nēJa “ir” precizēt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **STI** | Izjautā par riska faktoriem un slimību pazīmēm |
| **Citi infekcijas riska faktori** |  |
| Kontakts ar citām personām, kuras ir slimas ar infekcijas slimībām (epidemioloģiskā anamnēze) | 🞎 jā 🞎 nē 🞎 nav zināms/ nevar atbildēt Ja “ir”, precizēt, kāda slimība, kad un kur \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Papildu informācija |  |

**Imunizācijas dati**

**Imunizācijas karte (sertifikāts, apliecība)**

🞎 ir. Ja “ir” , norādīt valsti, kas izdevusi\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 🞎 nav. Ja nav, aizpilda šādu tabulu par vakcināciju

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| **Nr.p.k.** | **Infekcijas slimības** | **Jā/ nē/ nav zināms** | **Ja “jā”, cik devas saņemtas** | **Kad veikta pēdējā vakcinācija** |
| 1. | Tuberkuloze | 🞎 jā 🞎 nē 🞎 nav zināms |  |  |
| 2. | Masalas | 🞎 jā 🞎 nē 🞎 nav zināms |  |  |
| 3. | Epidēmiskais parotīts | 🞎 jā 🞎 nē 🞎 nav zināms |  |  |
| 4. | Poliomielīts | 🞎 jā 🞎 nē 🞎 nav zināms |  |  |
| 5. | Masaliņas | 🞎 jā 🞎 nē 🞎 nav zināms |  |  |
| 6. | Difterija | 🞎 jā 🞎 nē 🞎 nav zināms |  |  |
| 7. | Stingumkrampji | 🞎 jā 🞎 nē 🞎 nav zināms |  |  |
| 8. | Garais klepus | 🞎 jā 🞎 nē 🞎 nav zināms |  |  |
| 9. | b tipa *Haemophilus influenzae* infekcija | 🞎 jā 🞎 nē 🞎 nav zināms |  |  |
| 10. | Vējbakas | 🞎 jā 🞎 nē 🞎 nav zināms |  |  |
| 11. | B hepatīts | 🞎 jā 🞎 nē 🞎 nav zināms |  |  |
| 12. | Pneimokoku infekcija | 🞎 jā 🞎 nē 🞎 nav zināms |  |  |
| 13. | Cilvēka papilomas vīrusa infekcija | 🞎 jā 🞎 nē 🞎 nav zināms |  |  |
| 14. | Rotavīrusu infekcija | 🞎 jā 🞎 nē 🞎 nav zināms |  |  |
| 15. | Cita (precizēt)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 jā 🞎 nē 🞎 nav zināms |  |  |
| 16. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 jā 🞎 nē 🞎 nav zināms |  |  |

**Sūdzības** (apjukums, dažādas sāpes (galvas, vēdera, locītavu), gremošanas trakta traucējumi, apgrūtināta elpošana, klepus, slikta apetīte, tumšs urīns, bērna attīstības traucējumi (ja tiek izmeklēts bērns), nakts svīšana, straujš svara zudums):

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**III. Vispārējā apskate**

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| Augums |  |
| Ķermeņa masa | parasti (pēc vārdiem)\_\_\_\_\_\_\_veicot mērījumu \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Galvas apkārtmērs bērnam līdz 1g.v. |  |
| Krūšu apkārtmērs bērnam līdz 1g.v. |  |
| Ķermeņa toC |  |

Utu klātbūtne matos, drēbēs: 🞎 jā, 🞎 nē

Āda (turgors, dzelte, bālums), gļotādas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aizdomas par kašķi, mikrosporiju vai citu lipīgu ādas slimību: 🞎 jā, 🞎 nē

Ja “ir”, precizēt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mutes dobums: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Limfmezgli: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Arteriālais asinsspiediens un pulss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Sirdsdarbības un plaušu auskultācija: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Vēdera palpācija \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Psihoemocionālais stāvoklis (apetīte, miegs, noskaņojums): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Jušanas, kustību, ne iroloģiskie traucējumi: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Traumu sekas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IV. Nozīmētie izmeklējumi un rezultāti:**

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| **Tuberkuloze** | Norādīt | Izmeklējumadatums | Rezultāts |
| Tuberkulīn-diagnostikas tests |  |  |  |
|  Plaušu rentgenogrāfija  |  |  |  |
| Krēpu izmeklējums |  |  |  |

**Citi nepieciešamie izmeklējumi un rezultāti (veic pēc epidemioloģiskām vai klīniskām indikācijām):**

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| Nozīmētais izmeklējums | Izmeklējumadatums | Rezultāts |
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**V. Atzinums par veselības stāvokli**

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**VI. Rekomendācijas**

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**Nepieciešamās speciālista konsultācijas (norādīt):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Nozīmētā ārstēšana:**

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Veselības ministre Anda Čakša

Vīza: valsts sekretārs Kārlis Ketners