Приложение 4 к постановлению

Главного государственного

санитарного врача

Республики Казахстан

№ 54 от 1 октября 2020 года

**АНКЕТА для регистрации водителей (грузоперевозчиков), прибывших из других стран/регионов**

1. **Фамилия**

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1. **Имя**

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1. **Отчество**

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1. **Дата рождения**

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1. **Гражданство**

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1. **ИИН или паспортные данные (в соответствии документу, удостоверяющим личность)**

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1. **Место работы**

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1. **В какой стране вы были в последние 14 дней (название населенного пункта)**

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1. **Имелся ли контакт с больными или лицами, имеющими симптомы заболевания**

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**10. Наличие справки, подтверждающей обследование с указанием даты и названия организации, выдавшей справку.**

**Дата обследования**

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**Название организации:**

**11. Место жительства, либо предполагаемое место проживания (с указанием полного адреса)**

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**12.Контактные телефоны Проверка телефона (перезвон)**

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**13.Марка машины и номер машины**

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**14. Маршрут движения**

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| **Название груза** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Пункт выезда (адрес организации)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Пункт доставки (адрес организации)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Дата и время доставки** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**15. Подпись \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**16. Дата Время въезда**

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***Примечание: Данные анкеты будут использованы исключительно в служебных целях в рамках проводимых мер по предупреждению завоза и распространению на территории РК коронавирусной инфекции (COVID 19), анкетируемый пассажир несет ответственность за предоставляемые сведения в соответствии с законодательством РК.***