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| Қазақстан Республикасының Бас мемлекеттік санитариялық дәрігерінің  2020 жылғы 03 ақпандағы № 2 қаулысымен БЕКІТІЛГЕН | УТВЕРЖДЕНО  Постановлением Главного Государственного санитарного врача Республики Казахстан №2 от 03.02.2020г. | APPROVED  Decree of the Chief State Sanitary Doctor of the Republic of Kazakhstan  №2 dated 02/03/2020 |

**САУАЛНАМА/ АНКЕТА/ QUESTIONNAIRE**

1. Тегі/ Фамилия/ Surname

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1. Аты/ Имя/ Name

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1. Әкесінің аты / Отчество/ Patronym

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1. Туған күні / Дата рождения/ Date birth

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1. Азаматтығы/ Гражданство/ Citizenship

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1. ЖСН немесе төлқұжат мәлеметтері/ ИИН или паспортные данные/ Passport data

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1. Жұмыс (оқу) орны/ Место работы (учебы)/ Place of work (study)

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1. Соңғы 14 күннің ішінде болған мемлекеттер/ В какой стране вы были в последние 14 дней/ Place and duration and stay of last 14 days

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1. Аурумен немесе аурудың белгілері бар адамдармен қарым-қатынаста болды ма/ Имелся ли контакт с больными или лицами, имеющими симптомы заболевания / Was there a contact with the diseased or persons who have symptoms of the disease

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| иә / да/ yes |  |  |  |  |  | 1. жоқ / нет/ no |  |  |

1. Мекен-жайы немесе уақытша тұратын жері / Место жительства, либо предполагаемое место проживания/ Place of residence or alleged residence

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1. Байланыс телефондары/ Контактные телефоны/ Contact phone numbers

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1. Қозғалу бағыты/ Маршрут движения/ Route

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| 1. Қайдан /Откуда/ From |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Қайда /Куда/To |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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1. Қолы/Подпись/Signature
2. Толтырылған күні/Дата/Date

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*Ескертпе: осы сауалнама ҚР аумағына коронавирустық инфекцияның (COVID 19) әкелінуі мен таралуының алдын алу бойынша жүргізілетін шаралар шеңберінде тек қызметтік мақсатта пайдаланылатын болады, сауалнама жүргізілетін жолаушы ұсынылған мәліметтер үшін ҚР заңнамасына сәйкес жауапты болады.*

*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./*

*Note: these forms will be used solely for business purposes in the context of measures to prevent the importation and dissemination in the territory of Kazakhstan coronavirus infection (COVID 19), surveyed the passenger is responsible for what information is supplied in accordance with the laws of RK.*

*Сұрақтар туындаған жағдайда, колл-орталыққа 1406 немесе 8-7172 76 80 43 нөмірі бойынша қоңырау шалу ұсынылады*

*В случае возникновения вопросов, рекомендуется звонить на колл-центр по номеру 1406 или 8-7172 76 80 43*

*In case of questions, it is recommended to reach the call center at 1406 or +7-7172 76 80 43*