**АНКЕТА для регистрации пассажиров, 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

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1. Место работы (учебы)

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1. В какой стране вы были в последние 14 дней

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

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|  да |  |  |  |  |  | 1. нет
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1. Место жительства, либо предполагаемое место проживания

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1. Контактные телефоны

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1. Маршрут движения

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| 1. откуда
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| куда |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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Подпись

1. Дата

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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.*

Chief State sanitary doctor

of the Republic of Kazakhstan

№2 of \_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_

**QUESTIONNAIRE** for registration of passengers arriving from other countries / regions

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Surname

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Name

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Father’s name

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Date of birth

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Citizenship

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Passport data

Place of work (study)

Place and duration of stay in the last 14 days

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Was there a contact with the diseased or persons who have symptoms of the disease

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|  yes |  |  |  |  |  | 1. no
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Place of residence or alleged residence

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Contact phone numbers

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Route

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Signature

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Date

*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.*