On approval of the Rules for the conduct of military medical examination and the Regulations on the commissions of military medical examination in the National Guard of the Republic of Kazakhstan

Unofficial translation

Order of the Minister of Internal Affairs of the Republic of Kazakhstan dated October 16, 2020 № 717. Registered with the Ministry of Justice of the Republic of Kazakhstan on October 21, 2020 № 21469.

Unofficial translation

In compliance with subparagraph 10) part 1 of article 11 of the Code of the Republic of Kazakhstan dated July 7, 2020 "On people's health and the health care system" **ORDER**:

1. Approve the attached:

1) Rules for conducting a military medical examination in the National Guard of the Republic of Kazakhstan, according to appendix 1 to this order;

2) Regulations on the commissions of military medical expertise in the National Guard of the Republic of Kazakhstan, according to appendix 2 to this order.

2. The main command of the National Guard of the Republic of Kazakhstan (Zhaksylykov R.F.), in accordance with the procedure established by the legislation of the Republic of Kazakhstan, shall ensure:

1) state registration of this order with the Ministry of Justice of the Republic of Kazakhstan;

2) posting this order on the Internet resource of the Ministry of Internal Affairs of the Republic of Kazakhstan;

3) within ten working days after the state registration of this order with the Ministry of Justice of the Republic of Kazakhstan, submission to the Legal Department of the Ministry of Internal Affairs of the Republic of Kazakhstan information on the implementation of the measures provided for in subparagraphs 1) and 2) of this paragraph.

3. To declare invalid:

one) order Of the Minister of Internal Affairs of the Republic of Kazakhstan dated February 17, 2015 № 118 "On approval of the Rules for conducting military medical examination and the Regulations on the bodies of military medical examination of the National Guard of the Republic of Kazakhstan" (registered in the Register of state registration of normative legal acts № 10337, published on April 20, 2015 years in the information and legal system "Adilet");

2) order Of the Minister of Internal Affairs of the Republic of Kazakhstan dated January 14, 2020 № 16 "On Amendments to the Order of the Minister of Internal Affairs of the

Republic of Kazakhstan dated February 17, 2015 № 118" On Approval of the Rules for Conducting Military Medical Expertise and Regulations on the Military Medical Expertise Bodies of the National Guard of the Republic Kazakhstan "(registered in the Register of State Registration of Regulatory Legal Acts № 19895, published on January 20, 2020 in the Reference Control Bank of Regulatory Legal Acts of the Republic of Kazakhstan).

4. Control over the execution of this order shall be entrusted to the Commander-in-Chief of the National Guard of the Republic of Kazakhstan, Lieutenant-General RF Zhaksylykov.

5. This order shall be enforced upon the expiration of ten calendar days after the day of its first official publication.

Minister of Internal Affairs
Republic of Kazakhstan *E. Turgumbaev*

"AGREED"
Ministry of Healthcare
Republic of Kazakhstan
"_____" _____2020

Appendix 1 to the order
The Minister of the Interior
Republic of Kazakhstan
dated October 16, 2020 № 717

Rules for conducting military medical expertise in the National Guard of the Republic of Kazakhstan Chapter 1. General Provisions

1. These Rules for conducting military medical expertise in the National Guard of the Republic of Kazakhstan (hereinafter referred to as the Rules) are developed in accordance with subparagraph 10) Part 1 of Article 11 of the Code of the Republic of Kazakhstan dated July 7, 2020 "On people's health and the health care system" (hereinafter - the Code) and determines the procedure for conducting military medical expertise in the National Guard of the Republic of Kazakhstan (hereinafter - NG).

2. The following concepts are used in these Rules:

1) military medical examination (hereinafter - MME) - a type of medical activity, which is a complex of scientific, methodological, organizational and practical measures carried out in order to optimally recruit and improve medical support in the Armed Forces of the Republic of Kazakhstan, other troops and military formations of the Republic of Kazakhstan, special state and law enforcement agencies and solving other issues provided for by the legislation of the Republic of Kazakhstan;

2) medical examination - examination of an individual in order to establish or confirm the fact of the presence or absence of a disease, to determine the state of health;

3) injury (injury, trauma, contusion) (hereinafter - injury) - damage to tissues, organs and systems when exposed to external mechanical, chemical (poisoning with technical fluids, propellant components, gases, fumes and vapors, poisonous substances), thermal, atmospheric

(freezing, chills, frostbite), specific (electricity, radioactive and ionizing radiation, exposure to electromagnetic fields, exposure to optical quantum generators, lasers and radio waves), barometric and acoustic factors, accompanied by short-term partial or complete disability or ability to perform military service;

4) psychophysiological research (hereinafter - PPR) and polygraph examination (hereinafter - PGE) - a set of verification measures aimed at a comprehensive assessment of the individual psychological and psychophysiological qualities of military personnel and citizens. It consists in determining the level and characteristics of intelligence, self-esteem, communicative and emotional-volitional qualities, the orientation of the personality, the study of the individual characteristics of the functional state of the central nervous system;

5) Declaration on PGI (hereinafter referred to as the declaration) - the consent of the subject with the conditions for passing the polygraph examination;

6) psychophysiological laboratory (hereinafter - PPL) - a specially equipped room adapted for conducting PPR.

2. PGE is carried out to determine:

1) the category of fitness of citizens for military service for health reasons;

2) the causal relationship of diseases, injuries and death (death) among citizens of the Republic of Kazakhstan in connection with the passage (performance of duties) by them of military service;

3) the severity of injuries that did not entail disability received by military personnel in the performance of military service duties (official duties).

3. The category of fitness of citizens and military personnel for military service is determined in accordance with the Requirements for the state of health of citizens for service in the Armed Forces of the Republic of Kazakhstan, other troops and military formations of the Republic of Kazakhstan, approved by the Ministry of Defense of the Republic of Kazakhstan in accordance with the competence provided for subparagraph 1) Part 2 of Article 11 of the Code (hereinafter - Requirements).

4. Medical examination is carried out in relation to:

1) citizens and military personnel entering military educational institutions, including foreign states, implementing programs of secondary technical and vocational, higher, postgraduate education, as well as citizens upon admission and studying at military faculties at higher educational institutions;

2) citizens entering military service under a contract;

3) servicemen doing military service by conscription or contract, cadets of military educational institutions;

4) servicemen doing military service in special-purpose units;

5) military personnel selected for service and serving with radioactive substances, ionizing radiation sources, sources of electromagnetic fields and laser radiation;

6) citizens who are in reserve when conscripted for military service.

5. Psychophysiological and polygraph examinations are carried out to persons in accordance with the list, approved by order of the Minister of Internal Affairs of the Republic of Kazakhstan dated August 8, 2017 № 542 "On approval of the list of military positions, upon appointment to which, in relation to military personnel and civilian personnel, an inspection is carried out using psychophysiological and polygraph examinations" (registered in the Register of State Registration of Regulatory Legal acts № 15656).

Chapter 2. Procedure for medical examination

7. A referral for a medical examination is issued by the commander of a military unit or the head of the personnel service with reference to the decision of the direct commander (chief) in the form, according to appendix 1 to these Rules.

Personnel services study military cards, registered certificates of citizens entering the service and send them to the military medical commissions (hereinafter - MMC), provided that they are fit for military service or fit with minor restrictions on the military register.

The direction is signed by the personnel service, certified by the seal (in the photo), the date of issue is indicated and the timely passage of the MME is monitored.

8. The direction is valid for examination in the MMC within thirty calendar days from the date of its issue.

9. Medical examination is carried out in accordance with the research methodology when conducting a military medical examination in NG, according to appendix 2 to these Rules.

Examination of persons specified in paragraph 4of these Rules, is carried out with examination by specialist doctors: therapist, surgeon, neuropathologist, psychiatrist, ophthalmologist, otorhinolaryngologist, dermatovenerologist, dentist, female persons are examined by a gynecologist. If there is evidence, the examined persons are sent for examination (consultation) to other specialists.

10. MMC to determine psychophysiological qualities, psychophysiological and polygraph examinations are used.

11.MMC , which includes PPR, conducts PGE after medical examination by expert doctors.

12. MMC NG issues opinions in accordance with these Rules and Requirements.

The conclusion of a freelance (permanent and temporarily acting) MMC is appealed to the regular MMC, the conclusion of a regular MMC is appealed in court.

Paragraph 1. Medical examination of citizens and military personnel entering military educational institutions, including foreign states, implementing programs of secondary technical and vocational, higher, postgraduate education, as well as citizens upon admission and studying in military faculties at higher educational institutions

13. Citizens and servicemen enrolling in a military educational institution (hereinafter referred to as candidates to a higher educational institution) shall undergo a preliminary medical examination in the central MMC of the Ministry of Internal Affairs of the Republic of Kazakhstan (hereinafter referred to as the CMMC of the Ministry of Internal Affairs), staff (freelance) MMC of the NG, staff MMC of the Police Departments of regions, cities of republican significance (hereinafter referred to as the DP), and a final medical examination in the freelance temporary MMC of the National Guard Academy (hereinafter referred to as the NGA).

Footnote. Paragraph 13 - in the wording of the order of the Minister of Internal Affairs of RK dated 17.05.2022 № 354 (shall enter into force upon expiry of ten calendar days after its first official publication).

14. Candidates for military educational institutions of flight personnel training, shall undergo a preliminary medical examination in the CMMC of the Ministry of Internal Affairs, staff (freelance) MMC NG, staff MMC DP, after which they shall be sent to the medical-flight commission, the final medical examination - in the freelance temporary MMC NGA.

Footnote. Paragraph 14 - in the wording of the order of the Minister of Internal Affairs of RK dated 17.05.2022 № 354 (shall enter into force upon expiry of ten calendar days after its first official publication).

15. Prior to the commencement of a medical examination, candidates for a university submit the following medical documents:

1) from a neuropsychiatric organization, a narcological organization (with the results of testing for the presence of psychoactive substances in the body), an anti-tuberculosis organization, dermatovenerologic dispensaries (offices) - information (certificates) about their status registered with these healthcare organizations;

2) from other medical healthcare organizations:

information on the state of the dispensary for chronic diseases and infectious and parasitic diseases suffered during the last twelve months;

information about preventive vaccinations and intolerance (hypersensitivity) of medications and other substances;

an outpatient medical record (for the last five years), an extract from an outpatient, inpatient medical record.

3) characteristics from school, other educational institutions, from the place of work, service.

In the absence of medical documentation from the district therapist, a certificate of loss is submitted and additional examination methods are prescribed. Certificates and extracts are certified by the stamp and seal of healthcare organizations.

16. Candidates for the university also submit the results of the following medical research (conducted no earlier than thirty calendar days):

1) complete blood count;
2) general urine analysis;
3) the reaction of microprecipitation (microreaction) or Wasserman to syphilis;
4) blood sugar test;
5) X-ray of the paranasal sinuses;
6) electrocardiogram (hereinafter - ECG) (at rest and after exercise);
7) ultrasound examination of the abdominal cavity and kidneys (hereinafter - ultrasound);
8) electroencephalogram (hereinafter - EEG);
9) examination for the presence of HIV infection;
10) measurement of intraocular pressure for persons over forty years old;
11) fluorographic (X-ray) examination of the chest organs in two projections (in the frontal and lateral), carried out no later than three months on the day of the medical examination.

For medical reasons, additional studies and consultations of other specialists are prescribed.

Persons who have not submitted the above documents are not allowed for a medical examination.

17. Candidates for a higher educational institution are not sent for a medical examination if, according to information from medical organizations, they have chronic diseases and physical disabilities that prevent them from entering educational institutions and from military service.

18. If a disease is detected that prevents admission, further examination is terminated and a conclusion is made that it is unfit for admission.

19. The results of the medical examination and the conclusion of the regular, freelance MMC are recorded in the medical examination card of a citizen entering the university in the form, according to appendix 3 to these Rules, a medical book (for military personnel) and a book of minutes of IAC meetings (hereinafter - the book of minutes) in the form, in accordance with appendix 4 to these Rules.

20. Based on the results of the medical examination, the MMC issues a conclusion on the suitability (unfitness) for training, while specifying the points of the Requirements on the basis of which the conclusion was made.

21. Cards of medical examination of candidates in a university, recognized as unfit for admission during the final medical examination, no later than five working days after the end of the medical examination, are sent to the regular MMC for analysis and improvement of the quality of medical examination.

The established MMC sends medical examination cards to the place of preliminary medical examination for analysis and study.

Paragraph 2. Medical examination of citizens entering military service under contract

22. Citizens entering military service under a contract, with a medical examination, present a military ID, a certificate of registration with a mark of fitness for military service and the reasons for the postponement of conscription.

23. Military conscripts for medical examination are sent with a medical record and medical characteristics, reflecting requests for medical help and research results.

24. MMC for medical examination of citizens entering military service under a contract draws up an act of medical examination in the form, in accordance with appendix 5 to these Rules.

25. Examination of citizens entering military service under a contract is carried out in accordance with paragraph 9of these Rules. Before the start of a medical examination, those entering the military service under contract submit the medical documents specified in paragraphs 15 and 16 of these Rules.

26. To clarify the diagnosis of the disease for medical reasons, the examined person is sent for an outpatient, inpatient medical examination to a medical health organization.

27. If it is impossible to complete the medical examination of the examined person within thirty calendar days, as well as if the results of the prescribed medical examinations are not submitted in time, the MMC issues a conclusion: "The conclusion was not issued due to non-arrival for a medical examination (under-examination)."

28. If a citizen refuses to inspect the MMC, it issues a conclusion: "Not fit for military service under a contract."

29. Citizens who are fit for military service by contract and are fit for military service with minor restrictions in accordance with the Requirements are recognized as fit for military service under a contract.

30. In case of diseases for which, in accordance with the Requirements, an individual assessment of the category of fitness for military service is provided, the full-time or freelance permanent MMC issues a conclusion: "Not suitable for entering military service under a contract."

31. If pregnancy or diseases are detected at the medical examination that prevent entry into military service under a contract, further medical examination is terminated, and a full-time or freelance permanent MMC issues a conclusion: "Not suitable for entering military service under a contract", with a conclusion on the category of fitness for military service is not carried out.

The same conclusion is made in relation to persons recognized temporarily unfit for military service under a contract.

32. The opinion of the MMC is valid for six months from the date of issue.

Paragraph 3. Medical examination of military personnel undergoing military service by conscription, by contract and cadets of military educational institutions

33. Servicemen, together with the direction of the personnel service, represent:

1) medical documents specified in subparagraph 2) paragraph 15 of these Rules;

2) a service certificate, in its absence - a certificate from the personnel department with an indication of the position, rank;

3) service and medical characteristics (extract from the medical card of an outpatient patient), certified by the seal of the military unit.

The service profile reflects the influence of the state of health of the examined person on the performance of his military service duties according to the position held and the opinion of the command about the advisability of retaining a soldier in military service.

The medical profile indicates the results of an in-depth medical examination over the past three years, the results of dynamic monitoring of the state of health of the person being examined, information about the use of medical care. The stated information is confirmed by the data of the medical book and other medical documents;

4) a certificate of injury to persons injured in the performance of official duties, drawn up on the basis of the materials of the official investigation indicating the connection with the performance of military service duties, in the form, in accordance with appendix 6 to these Rules (hereinafter referred to as a certificate of injury).

34. In the event that during the examination or treatment of military personnel undergoing compulsory military service, diseases, the consequences of injuries that change the category of fitness for military service are revealed, the decision to send for a medical examination is made by the head of the medical service.

35. Prior to the commencement of a medical examination, servicemen submit the results of the following medical examinations (conducted no earlier than thirty calendar days):

1) complete blood count;

2) the reaction of microprecipitation (microreaction) or Wasserman to syphilis;

3) general urine analysis;

4) ECG (at rest and after exercise);

5) fluorographic (X-ray) examination of the chest organs no later than three months on the day of examination;

6) X-ray of the paranasal sinuses;

7) ultrasound of the abdominal organs and kidneys;

8) blood test for markers of viral hepatitis B and C;

9) blood sugar test;

10) measurement of intraocular pressure for persons over forty years old;

11) analysis of the smear for the degree of purity (females).

Persons who have not submitted the above documents are not allowed for a medical examination.

36. Examination of persons doing military service by conscription, by contract and cadets of military educational institutions, is carried out in accordance with paragraph 9 of these Rules with a definite medical expert outcome.

37. Medical examination of servicemen undergoing military service under contract is carried out by regular, freelance, permanently operating MMC on an outpatient basis or stationary within a period of up to fourteen working days from the date of commencement of the examination.

38. If there is reason to believe that the consequences of injury or illness are not related to military service, the MMC requests medical documentation and certificates of military service .

39. In order to determine the suitability for continuing education with the diseases provided for in the Requirements, cadets are sent for medical examination to a freelance permanent MMC.

40. With regard to cadets under the age of eighteen, a freelance permanent MMC issues an opinion only on fitness (unfitness) for training.

41. With regard to first-year cadets over eighteen years of age, recognized unfit for training, the issue of their suitability for military service in accordance with the Requirements is simultaneously resolved.

42. In case of a change in the state of health of the cadets, which provides for their temporary unfitness for military service, the MMC issues an opinion on the need to grant exemption from the duties of military service, as well as sick leave.

43. The cadets, in respect of whom the conclusion on full exemption from military service (from 7 to 15 days) shall be made, shall be in the NGA infirmary.

When a partial exemption from military service is issued, the cadet shall be exempted from the types of work, classes, and assignments. Attendance of the cadets who shall be partially exempted from military service duties, class lessons, shall be carried out on the basis of the decision of the head of the medical service of the NGA.

Footnote. Paragraph 43 - in the wording of the order of the Minister of Internal Affairs of RK dated 17.05.2022 № 354 (shall enter into force upon expiry of ten calendar days after its first official publication).

44. Medical examination of servicemen injured in the performance of military service duties in military educational institutions is carried out at the end of treatment in a military medical institution (medical organization).

In other cases of injuries and diseases in which the duration of treatment exceeds the established time frame with a definite medical and expert outcome, servicemen are presented for a medical examination to determine their suitability for military service.

45. When transferring a serviceman in need of escort to the place of residence from one military medical institution (medical organization) to another, as well as dismissal for health reasons, the full-time and freelance permanent MMC issues an opinion on the transfer indicating the number of accompanying persons and the type of transport.

46. Medical examination of servicemen undergoing military service under a contract, when moving through the service (when higher health requirements are provided for the

position being moved), when concluding a new or renewing a contract, is carried out by a freelance, full-time, permanent MMC.

47. If servicemen undergoing military service under a contract have diseases for which, in accordance with the Requirements, an individual assessment of the category of fitness for military service is provided, with a favorable prognosis of the disease, the expediency of maintaining military service in the opinion of the command, a positive attitude to continue service, is made conclusion: "Suitable for military service with minor restrictions", except for the following cases:

1) reaching the age limit of the state in military service;

2) identification of three or more diseases aggravating each other for which, in accordance with the Requirements, an individual assessment of the category of fitness for military service is provided.

In these cases, a conclusion is made: "Limited fit for military service."

If cadets enrolled in the final year have diseases for which, in accordance with the Requirements, an individual assessment of the category of fitness for military service is provided, the MMC issues a conclusion: "Suitable for military service with minor restrictions. "

48. A conclusion on granting a serviceman sick leave, as well as exemption from military service duties, shall be made in cases where, in accordance with the Requirements, provisional unfitness for military service is provided.

49. In peacetime, a full-time, freelance, permanent MMC issues an opinion on the granting of sick leave if, after completion of inpatient treatment and medical rehabilitation, the period after which the soldier begins to perform military service duties is at least a month.

50. Leave due to illness (the final stage of rehabilitation treatment) to a military man in peacetime is granted for a period of thirty to sixty days, depending on the nature and severity of injury, illness.

51. The conclusion of the full-time and freelance permanent MMC on the granting of leave (extension of the leave) due to illness is recorded in the book of protocols and drawn up by a certificate of medical examination in the form, in accordance with appendix 7 to these Rules (hereinafter - a certificate of medical examination).

52. The total duration of continuous inpatient treatment, medical rehabilitation and sick leave for conscripts does not exceed four months, after which the full-time and freelance permanent MMC determines the category of fitness for military service.

53. A soldier doing military service under a contract, a cadet, sick leave is extended for medical reasons, but each time for no more than thirty days. In total, the time spent on inpatient treatment, medical rehabilitation and sick leave does not exceed four months, and for tuberculosis patients - ten months.

If, after the expiration of the specified period, the state of health of the serviceman under the contract does not allow him to start performing the duties of military service, the period of

their stay in treatment is extended by the decision of the direct superior from the commander of the regional command and higher on the basis of the conclusion of the regular and freelance MMC.

The extension of the terms of treatment is carried out in cases where, after further treatment, the soldier returns to the performance of the duties of military service.

54. Upon expiration of the maximum continuous period of treatment and sick leave, military personnel are subject to a medical examination to determine the category of fitness for military service.

55. Female military personnel are granted maternity leave by the commander of a military unit (head of the institution) in accordance with the Labor Code of the Republic of Kazakhstan dated November 23, 2015 and the Rules for military service in the Armed Forces, other troops and military formations of the Republic of Kazakhstan, approved By decree Of the President of the Republic of Kazakhstan dated May 25, 2006 № 124. After the end of parental leave, female military personnel are sent to the MMC in case of a change in their health condition requiring a revision of the fitness category for military service.

56. In cases that do not provide for sick leave, the MMC issues an opinion on the need for a soldier to be released from military service for a period of 7 to 15 days, while the total period of release does not exceed 30 days.

57. The conclusion of a full-time, freelance, permanent MMC on release (extension of release) due to illness is entered in the book of protocols and drawn up by a certificate of medical examination.

58. Servicemen on conscription at the end of sick leave, if necessary, are sent for a second medical examination in a regular, freelance MMC (at the place of military service, as well as vacation) to determine the category of fitness for military service and extend sick leave.

59. Conclusions made in respect of servicemen under the contract are valid for 1 year from the date of their issuance.

Paragraph 4. Medical examination of servicemen of military units of special purpose

60. Servicemen performing military service under a contract (selected for service) in special-purpose military units (hereinafter - SPMU) are subject to requirements for special-purpose units.

61. A medical examination is carried out by a serviceman selected for service in the SPMU, arriving from a university, as well as when moving in service from other types and branches of the military.

62. A medical examination of the SPMU servicemen after hospital treatment for diseases involving a change in the category of fitness for service in the SPMU is carried out by the decision of the commander of the military unit on the basis of the report of the head of the medical service of the military unit.

63. Prior to the commencement of a medical examination, servicemen submit the results of the following medical examinations (conducted no earlier than thirty calendar days):

1) complete blood count;

2) general urine analysis;

3) the reaction of microprecipitation (microreaction) or Wasserman to syphilis;

4) ECG (at rest and after exercise);

5) fluorographic (X-ray) examination of the chest organs in two projections (in the frontal and lateral), carried out no later than three months on the day of the medical examination;

6) X-ray of the paranasal sinuses;

7) blood test for markers of viral hepatitis B and C;

8) blood test for HIV infection;

9) blood sugar test;

10) measurement of intraocular pressure for persons over forty years old;

11) daily monitoring of blood pressure;

12) spirography;

13) EEG, echoencephalography (hereinafter referred to as EchoEG), if indicated, computed tomography (hereinafter referred to as CT) or magnetic resonance imaging (hereinafter referred to as MRI) of the brain;

14) ultrasound of the abdominal cavity and kidneys;

15) audiometry, tympanometry.

Persons who have not submitted the above documents are not allowed for a medical examination.

64. If servicemen of the SPMU have diseases for which, in accordance with the Requirements, an individual assessment of the category of fitness for service in SPMU is provided, the conclusion: "Suitable for service in the SPMU" is issued in the following cases:

1) the expediency of keeping a soldier in military service in the opinion of the command;

2) a favorable prognosis of the disease;

3) a positive attitude of the person being examined to continue military service.

In this case, the conclusion is made in the presence of all of the above conditions. The prognosis of the disease is determined taking into account the nature of the disease, its onset, the degree of progression, the reversibility of the process and possible complications when a soldier performs his military service duties.

65. In cases where the SPMU servicemen are unfit for service in the SPMU, the full-time or freelance MMC issues an opinion on the category of fitness for military service.

Paragraph 5. Medical examination of military personnel selected for service and serving with radioactive substances,
ionizing radiation sources, sources of electromagnetic fields and laser radiation

66. Persons selected for service and undergoing service with radioactive substances (hereinafter - RS), ionizing radiation sources (hereinafter - IRS), sources of electromagnetic fields and laser radiation (hereinafter - EMF and LR), before the start of medical examination, submit:

1) fluorographic (X-ray) examination of the chest organs in two projections (in the frontal and lateral), carried out no later than three months on the day of the medical examination;

2) a general blood test (with the calculation of the leukocyte formula and the number of platelets);

3) general urine analysis;

4) ECG (at rest and after exercise);

5) ultrasound of the abdominal organs and kidneys;

6) X-ray of the paranasal sinuses;

7) blood test for markers of viral hepatitis B and C;

8) blood test for HIV infection (at selection);

9) blood sugar test;

10) measurement of intraocular pressure for persons over forty years old.

Additional medical research is carried out for medical reasons.

67. When a serviceman who is serving with RS, IRS, sources of EMF and LR is sent for stationary examination and medical examination in a military medical institution, a map of the sanitary and hygienic characteristics of the working conditions and workplace of a specialist is presented in the form, in accordance with appendix 8 to these Rules.

68. In case of diseases for which an individual assessment of suitability for service with radioactive substances, radiation sources, sources of EMF and LR is provided, the conclusion of the MMC on the suitability, unfitness for service is made taking into account the degree of compensation of the pathological process, military specialty, total length of service and length of service according to the specialty and military position that is being examined, as well as for which the person being examined is intended, taking into account the state of health, the opinions of the command and the doctor of the military unit about the ability of the person being examined to perform the duties of military service in the military accounting specialty.

69. When establishing temporary unfitness for military service, in relation to persons selected for service with RS, IRS, sources of EMF and LR, a conclusion is made about the unfitness for service with RV, IRS, sources of EMF and LR.

70. According to the clauses of the Requirements stipulating in column III of the Requirements unfitness for military service, an individual assessment of the fitness for military service for servicemen selected for service and serving with RS, IRS, sources of EMF and LR, a conclusion is made about the unfitness for service with RS, IRS , sources of EMF and LR.

71. Persons under 18 years of age, women from the date of their pregnancy and for the period of breastfeeding of the child are not allowed to work with RS, radiation sources, sources of EMF and LI.

72. With regard to servicemen who have been found unfit for service with radioactive sources, radiation sources, sources of EMF and LR, the MMC also issues an opinion on the category of fitness for military service.

Paragraph 6. Medical examination of citizens who are in the reserve when they are called up for military service

73. Prior to the commencement of a medical examination of citizens who are in the reserve, when conscripted for military service, the office (department) for defense affairs (hereinafter - O (D) DA) draws up a medical examination card of a citizen who is in the reserve.

74. During the medical examination of citizens who were dismissed (released) from military service for health reasons, the O (D) DA submits a certified copy of the previously issued MMC opinion.

75. Prior to the commencement of a medical examination, citizens submit the results of the following medical examinations (conducted no earlier than thirty calendar days):

1) complete blood count;

2) the reaction of microprecipitation (microreaction) or Wasserman to syphilis;

3) general urine analysis;

4) ECG (at rest and after exercise);

5) fluorographic (X-ray) examination of the chest organs in two projections (in the frontal and lateral), carried out no later than three months on the day of the medical examination .;

6) X-ray of the paranasal sinuses;

7) ultrasound of the abdominal organs and kidneys;

8) blood test for markers of viral hepatitis B and C;

9) blood test for HIV - infection;

10) blood sugar test;

11) measurement of intraocular pressure for persons over forty years old.

For medical reasons, preventive vaccinations and necessary medical research are carried out.

Persons who have not submitted the above documents are not allowed for a medical examination.

76. In case of diseases for which, in accordance with the Requirements, an individual assessment of fitness for military service is provided, in relation to citizens who have completed military service under a contract and are examined when entering military service

under a contract, as well as in relation to military officers of the reserve when called up for military service. service, the conclusions of the MMC are issued: "Limited fit for military service."

77. If a citizen dismissed from military service for health reasons raises the issue of revising the conclusion of the MMC at the time of medical examination and determining the category of fitness for military service, the head of the O (D) DA considers the feasibility of issuing a referral for re-examination.

For this purpose, documents are requested confirming the improvement of the state of health, certificates of removal from dispensary registration, extracts from medical records and other medical documents characterizing the state of health. In the presence of positive dynamics in the state of health, a citizen subject to re-examination undergoes a preliminary medical examination by the medical commission of the local executive body of the region with a preliminary conclusion.

Persons who have been declared unfit for military service with exclusion from military registration, as well as dismissed from military service for health reasons due to mental disorder, are not subject to medical examination.

The head of the Department of Defense Affairs (hereinafter - DDA) sends to the staff MMC of the department in which the soldier served his military service, his application, military ID, medical book, the conclusion of the MMC, the results of a preliminary medical examination with supporting medical documents.

78. The staff MMC examines the submitted documents and, when establishing the grounds for satisfying the application, a medical examination is carried out in order to determine the category of fitness for military service.

79. After the medical examination, the official MMC, the conclusion is drawn up with a certificate of illness, while the causal relationship of injury, illness is not indicated.

Chapter 3. Determination of the causal relationship of diseases, injuries (injuries, injuries, contusions) (hereinafter - injuries) and death (death) among citizens of the Republic of Kazakhstan in connection with the passage (performance of duties) by them of military service

80. The causal relationship of diseases, injuries, death (death) is determined by:

1) for citizens doing military service in the NG RK - regular MMC, freelance standing MMC;

2) for citizens who served in the NG RK - a regular MMC.

81. In the presence of newly discovered circumstances of a disease, injury and their connection with the passage (performance of duties) of military service, the conclusion on the causal relationship of the disease, injury is reviewed (according to documents) in absentia (with the cancellation of the previously issued conclusion).

The conclusions of the regular MMC on the causal relationship of diseases, injuries, death (death) are issued in a single copy once without limitation of the validity period.

82. The conclusion of the MMC on the establishment of a causal relationship between injury to military personnel, citizens who have served in military service, is issued in accordance with a certificate of injury based on the materials of an official investigation.

83. A certificate of injury is issued by the commander of a military unit in which a soldier or citizen has served. In the certificate of injury, the circumstances of the injury and the connection with the performance of duties (passage) of military service are indicated.

A full-time, freelance (permanent) MMC shall issue a conclusion of the MMC on the causal relationship of an injury based on an examination of a certificate of injury and supporting documents reflecting the circumstances of the injury.

84. In the absence of a certificate of injury, when making a conclusion about the causal relationship of injury, MMC disease, documents are taken into account, which indicate the cause and circumstances of injury, illness, service and medical characteristics, an extract from the patient register in the outpatient clinic on the primary treatment for medical help, materials of an administrative, service investigation, inquiry, as well as a criminal case, certification, a certificate of a military medical institution, a medical history and an extract from it, a certificate of illness, a record of a doctor of a military unit, as well as a military medical institution in the medical book of a serviceman about initial treatment for medical care, records of the archive management.

85. Determination of the causal relationship of diseases, injuries, death (death) is carried out on the basis of an appeal: citizens, territorial subdivisions of the central executive body in the field of social protection of the population, bodies providing pensions, personnel services of the Armed Forces, other troops and military formations of the Republic of Kazakhstan, courts and prosecution bodies of the Republic of Kazakhstan.

86. The conclusion of the MMC on the causal relationship of injury, illness is recorded in the book of protocols, certificate of illness, as well as in the certificate, medical history, medical book of a serviceman, with reference to a document confirming the circumstances of the injury, illness.

87. In the absence in the certificate of illness, certificate and other medical documents the conclusion of the MMC on the causal relationship of the disease, injury, in case of improper execution of these documents, the citizen's disagreement with the existing conclusion of the MMC on the causal relationship of the disease, injury, as well as in the presence of documents certifying military service, records of dismissal from military service "for illness", "for health reasons", documents are sent for consideration to the regular MMC.

88. The results of the consideration of documents are drawn up by the minutes of the meeting of the regular (freelance) MMC (hereinafter - the minutes of the meeting) in the form

, appendix 9 to these Rules and a conclusion is made by the staff (freelance) MMC on the causal relationship of the disease, injury in form, in accordance with appendix 10 to these Rules.

89. In the case when a diagnosis of a disease is not indicated in the documents of a citizen who has undergone military service, but the item on the schedule of diseases that was in force at the time of medical examination is indicated, the staff MMC in its conclusion on the causal relationship of the disease, the injury indicates the name of the diseases that were provided for by the specified item disease schedules.

90. If a soldier is diagnosed with several diseases, injuries and their consequences that have arisen (received) under various circumstances, the conclusion of the MMC on the causal relationship is made separately.

91. In the event that the document contains an inaccurate diagnosis of a disease, injury, for which the MMC was previously concluded on a causal relationship, the staff MMC indicates the initial diagnosis, without changing its wording, and then indicates an updated diagnosis of the disease, injury and makes a conclusion on it MMC about causality.

92. If there are no documents on the results of a citizen's medical examination, as well as his medical examination was not carried out, the basis for the MMC's conclusion on the causal relationship of the disease, injuries are records in the medical history, medical book, medical certificate, archive certificate.

93. The conclusion of the MMC:

1) "Injury received in the performance of military service duties" is carried out by a soldier if it was received in the performance of military service duties, as well as as a result of injuries caused by exposure to radioactive substances, sources of ionizing radiation, rocket fuel components and other highly toxic substances, sources of an electromagnetic field and optical quantum generators;

2) "The disease was obtained during the performance of military service duties" is taken out if it was obtained during infection during a stay in an epidemic focus of a particularly dangerous infection, and from the examined medical personnel, in addition, as a result of infection during the performance of official duties to provide medical care to patients with tuberculosis, viral hepatitis and HIV infection (for persons who have direct contact with patients);

3) "The disease was obtained during the period of military service" is carried out to military personnel, citizens who have served in military service, if it arose in the person being examined during the period of military service, or reached a degree of severity during the specified period, which changes the category of fitness for military service, as well as chronic slowly progressive disease diagnosed after dismissal from military service, if medical documents and features of the course of the disease allow the onset of the disease to be attributed to the period of military service.

94. The conclusion of the MMC: "The disease was obtained as a result of exposure to ionizing radiation" is taken out to military personnel and citizens doing military service (working), if the diseases are caused by the adverse effects of factors of radioactive substances , sources of ionizing radiation.

The same conclusion is issued to servicemen doing military service who were involved in work to eliminate the consequences of the accident at the Chernobyl nuclear power plant (hereinafter - the Chernobyl nuclear power plant) in 1986 - 1990, or who participated in nuclear weapons testing or served in the period 1949 - 1991 for territories contaminated with radioactive substances.

95. When establishing the causal relationship of the diseases specified in paragraph 94 of these Rules, the MMC is guided by the list of diseases associated with exposure to ionizing radiation, approved by the authorized body in the field of health in accordance with the competence provided for subparagraph 76) article 7 of the Code, archival data and medical records.

96. MMC conclusions: “Injury (wound, trauma, contusion) was received during the defense of the former USSR”, “Injury (injury, trauma, contusion) was received while performing military service duties on the territory of other states in which hostilities were conducted”, “ The disease is associated with being at the front "," The disease is associated with the passage of military service on the territory of other states in which hostilities were conducted "are taken out to servicemen and citizens who have completed military service, whose status is determined The law Of the Republic of Kazakhstan dated May 6, 2020 "On Veterans".

97. To establish a causal relationship between diseases and injuries associated with participation in hostilities, documents on military service are submitted to the regular MMC, confirming the fact of receiving an illness, injury during military service, and medical documents issued after dismissal from military service.

98. MMC conclusion:

1) "Injury received as a result of an accident not related to the performance of military service duties" is taken out by a soldier if the injury is not related to the performance of military service duties;

2) "The disease is not associated with the passage of military service" is taken out by a military man in cases where the disease arose in the person examined before being called up for military service, entering military service under a contract and during the period of military service, did not reach a degree that changes the category of suitability of the person being examined for military service.

99. The conclusion of the MMC:

1) "Injury resulting in death, received as a result of the fulfillment of the duties of military service" is taken out by the military if death occurs as a result of the injury received as a result of the fulfillment of the duties of military service. Citizens who have completed military

service, such an opinion is issued after dismissal from military service if death has occurred as a result of injury received as a result of the performance of military service duties;

2) "The disease that led to death was obtained as a result of the performance of military service duties" is carried out by the military if due to diseases received during infection during a stay in the epidemic focus of a particularly dangerous infection, and among the examined medical personnel, in addition, due to infection tuberculosis and HIV infection in the line of duty (for persons who have direct contact with patients), death occurred.

Citizens who have completed military service are issued such a conclusion if, after being discharged from military service, due to diseases acquired during infection during their stay in an epidemic focus of a particularly dangerous infection during military service, and for those examined from among medical personnel, in addition, due to infection tuberculosis and HIV infection in the line of duty (for persons who have direct contact with patients), death occurred;

3) "The disease that led to death, received during the period of military service" is taken out by military personnel who have completed military service, if death occurs as a result of a disease received during military service.

Citizens who have completed military service shall be issued such a conclusion if, as a result of diseases received during the period of military service, death has occurred;

4) conclusions on the causal relationship of death are made after studying medical documents, medical examination data during military service, medical death certificate and other documents, if there is a direct causal relationship between the cause of death and injury, a disease received during the military service (as a result of fulfilling the duties of military service).

Chapter 4. Determination of the severity of injuries that did not entail disability received by military personnel in the performance of military service duties (official duties)

100. The severity of the injury that did not entail disability is determined:

1) for servicemen of the NG of the Republic of Kazakhstan - regular MMC, freelance standing MMC;

2) for citizens who did military service in the NG of the Republic of Kazakhstan - a regular MMC.

101. The conclusion of the MMC on the establishment of a causal relationship of injury is made on the basis of paragraph 82 of these Rules.

102. The severity of the injury received is determined on the basis of the List of serious or minor injuries, in the presence of which a decision is made on the appointment of a lump sum compensation in the event that a serviceman receives an injury that did not cause disability, according to appendix 11 to these Rules.

103. The results of the consideration of documents are drawn up in the minutes of the meeting in the form, according to appendix 9 to these Rules.

104. The severity of the injury received is documented by a certificate in the form, according to appendix 3 to the Rules for the payment of a one-time compensation in the event of the death (death) of a serviceman during the period of his military service or of a person liable for military service, called up for military training, upon establishing his disability or in case of his receiving injury related to the performance of military service duties, by decree Government of the Republic of Kazakhstan dated August 27, 2013 № 868.

105. A certificate of the severity of the injury is drawn up in a single copy, and is issued to the person being examined on the day of registration.

Chapter 5. Psychophysiological research

106. PPR is carried out in relation to:

citizens entering military service under contract;

servicemen and citizens entering military educational institutions;

servicemen during the passage of the MMC for contract renewal;

military personnel who do not have an officer's rank, when appointed to an officer's position;

citizens sent to the MMC for re-examination (previously dismissed for health reasons from the ranks of the NG);

persons sent by the military prosecutor's office, military investigative bodies and subdivisions;

persons directed by a doctor (expert) - a psychiatrist of the MMC, a doctor (expert) - a neuropathologist of the MMC.

107. PPR aims to determine the following qualities:

individual characteristics that provide optimal adaptation to the conditions and nature of the upcoming activity, including extreme situations;

the degree of likelihood of developing deviant (abnormal) behavior and occupational diseases;

a sense of responsibility for the task entrusted, exactingness towards oneself, the ability to objectively and critically assess one's strengths, capabilities and one's behavior;

striving for new things, the ability to make a positive impression on people;

efficiency and endurance, the ability to act clearly and decisively in extreme situations, independently make the right decisions;

the ability to think logically and switch from one activity to another.

108. The main PPR techniques are:

"Multilateral personality research" (hereinafter - MPR) or on an individual basis for servicemen who have reached the age limit, "Abbreviated multifactorial personality questionnaire";

"Raven's Progressive Matrices", which allows to establish intellectual productivity and peculiarities of thinking or a short orientation test (hereinafter - SOT), which assesses mental

abilities, learning abilities, the formation of the cognitive adaptation of the personality (for persons under 20 years of age);

Luscher color test, which allows assessing the features of the emotional-volitional sphere, the actual state.

109. According to indications, diagnostics of attention, memory, performance, emotional stability, as well as other features of the functional state of the central nervous system is carried out. The results of the diagnosis and the conclusion are recorded in the logbook of the conclusions of psycho-functional diagnostics in the form, according to appendix 12 to these Rules.

110. Based on the results of the PPR, a card for recording a psychophysiological study and a conclusion on the results of a psychophysiological study are drawn up in forms, according to appendix es 13 and 14 to these Rules.

The data of the final conclusions of the PPR are recorded in the register of the conclusions of the psychophysiological study in the form, according appendix 15 to these Rules.

111. To carry out psychophysiological selection, the following are equipped:

1) the office of the head of the PPL;

2) a class for a group PPR with a sufficient number of seats;

3) a psychologist's office for functional diagnostics and individual examination.

112. The class for group PPR is designed for a comprehensive psychodiagnostic study of personality and meets the requirements for the design and equipment of the class for group psychodiagnostic research, according to appendix 16 to these Rules.

113. The psychologist's office is designed for psycho-functional diagnostics, individual examination and conversation, meets the requirements for the design and equipment of the psychologist's office, according to appendix 17 to these Rules.

114. Repeated PPR of the surveyed is carried out no earlier than six months after the previous study. When conducting repeated studies, the archival data of previous studies are studied and taken into account.

115. The PPR is carried out after a medical examination by the MMC specialist doctors, before being examined by the MMC psychiatrist.

116. Persons arriving at the PPR must have a medical examination certificate or card and an identity document with them.

117. Persons with severe somatic diseases, with obvious signs of exacerbation of chronic diseases, alcohol intoxication and other intoxication are not subject to PPR. It is not allowed to carry out the PPR after the daily, night duty, in such cases, the PPR is postponed to another day.

118. PPR is carried out in the morning. If fatigue, pronounced psychoemotional stress, conditions after a previous illness are detected in the process of PPR, the examination is postponed to another day, about which the head of the MMC is informed. The date and time of the PPR is preliminarily agreed with the person being examined.

119. Test tasks and instructions are provided at the request of the person being examined in the state or Russian languages.

120. During the PPR, the use of mobile devices with Internet modules is not allowed. If such facts are established, the PPL specialist notifies the head of the MMC in writing and an act is drawn up. At the same time, the second PPR is carried out no earlier than six months after the fact of using prohibited mobile devices is established.

121. PPR includes:

group PPR in order to obtain formalized data on the psychological characteristics of a person using basic psychological techniques. The group PPR ends with the processing of test forms and the formation of a package of primary materials for each person being examined;

individual PPR, observation and interview conducted in accordance with the protocol in the form, according to appendix 18 of these Rules;

the use of additional tests in the presence of signs of adaptation disorders.

122. If the examined persons reveal signs of adaptation disorder and mental disorder, information about them is transferred to the MMC psychiatrist for further use in determining fitness for military service.

123. Based on the results of the conducted PPR, a psychological characteristic is drawn up , which is presented to personnel services only upon their written request. The psychological characteristics briefly describe the motives for entering military service (study), the level and characteristics of attention, memory, intelligence, self-esteem, communicative and emotional-volitional qualities, personality orientation (social and behavioral attitudes).

124. Based on the results of the PPR, a conclusion is made “recommended” or “not recommended”.

The conclusion "recommended" is accepted in relation to persons who are predicted to be successful in service or study, a low probability of deviating (abnormal) behavior, sufficiently effective and reliable professional activity, determined by the level of existing professional training, the development of stable professional skills.

The conclusion "not recommended" is made in relation to persons:

1) individual, intellectual, cognitive, emotional-volitional characteristics of which do not allow to reliably predict the success of the service in the proposed position or training due to the rapid depletion of functional reserves;

2) having pronounced signs of maladjustment, unsatisfactory motivation for service or study, negative personality traits, asocial forms of behavior;

3) having a low level of professionally significant psychological qualities, reduced reserves of functional systems, intellectual productivity;

125. The text of the psychological characteristics together with the conclusions is entered into the medical research certificate and certified by the signature of the head of the PPL (psychologist).

126. The number and date of registration of the final conclusion of the PPR, data of the methods and conclusions of the PPR are entered into the act or card of the medical research.

127. PGE is a survey procedure, which consists in registering, with the help of special medical sensors, individual physiological reactions of a person that arise during psychophysiological examination. The main purpose of passing the PGE is to obtain additional information and verify the reliability of information provided by citizens and military personnel.

128. Referral to the PGE is issued by personnel services in the form, according to appendix 19 to these Rules. Together with the direction, at least 1 (one) day before the PLI in a sealed envelope, a written assignment is sent from the unit commander (initiator) in the form, according to appendix 20 to these rules.

129. The PGE is carried out by appointment. The data of the examined person, the goals of the planned PGI, the date and time are noted by the polygraph examiner in the log of the preliminary registration for the polygraph examination in the form, according to appendix 21 to these Rules.

130. The main tasks of the PGE passage are to identify:

latent behavioral disorders, negative addictions, the use of narcotic, psychotropic and other psychoactive substances that cause mental and physical dependence;

hidden diseases that prevent the full passage of military service, suicidal tendencies;

previously existing facts of committing corruption offenses, transferring secret or official information to unauthorized persons;

unlawful intentions to enter military service in the interests of the activities of prohibited public associations, criminal, terrorist and other illegal organizations;

facts of bringing to disciplinary, administrative and criminal liability, including for committing corruption offenses;

contacts with prohibited public associations, criminal and terrorist organizations, or participation in commercial structures, if this was not previously part of their official duties;

abuse of office;

other risk factors (according to the written assignment of the initiator).

131. PGE is carried out by a polygraph examiner using a polygraph and includes a number of sequential stages:

1) pre-test conversation with the examined person;

2) testing of the examined person;

3) making an opinion.

The study is carried out in the state or Russian languages at the request of the surveyed person, excluding the occurrence in him of a feeling of humiliation and insult. An interpreter is provided if necessary.

132. Before conducting a study, the polygraph examiner preliminarily gets acquainted with the available materials, if necessary, examines medical documents on the state of health of the examined person and consults with the relevant medical specialists.

133. The pre-test interview with the examined person provides for:

1) clarification of the rights of the examined person, as well as the objectives of the study;

2) familiarization with the polygraph and the principle of its work;

3) discussion and adjustment of issues;

4) identification and recording of evasiveness in responses, nervousness, inadequacy of behavior and speech.

134. When conducting testing, the examined person fills out a declaration consisting of two sections in the form, in accordance with appendix 22 to these rules. The first section of the declaration is completed before testing, the second section of the declaration - after testing .

The examined persons, having unsatisfactory health at the time of the study, inform the polygraph examiner about this before the start of the study and indicate this in the declaration. In this case, the PGE is postponed, but no more than two times within ten calendar days. The commander of the military unit (initiator) is notified of the transfer of the PGE.

135. The examined person is not allowed to the PGE in the following cases:

1) a sharp exacerbation of the disease associated with impaired cardiovascular and respiratory activity (the examined person provides an appropriate medical opinion);

2) finding the examined person in a state of alcoholic and drug intoxication, as well as in the presence of residual effects of intoxication;

3) availability of data on pregnancy.

136. During the PGE, if necessary, the polygraph examiner has the right to make changes and adjustments to the questions of the topics to be clarified, while not changing the essence of the issue.

137. During the study, its audio and video recording is carried out, about which the examined person is informed.

138. When conducting PGE, the polygraph examiner uses scientifically proven methods recommended by the polygraph examiner communities.

139. The duration of continuous testing of the examined person is no more than 180 minutes. To reduce the load during testing, the subject is given a rest for up to 15 minutes (one-time or fractionally), while the sensors are not removed from the subject.

The workload for one polygraph examiner during research should not exceed two people per day.

140. The examined person undergoes PPR in a room specially equipped for this purpose.

141. Based on the results of the study, a conclusion is made with the conclusion about the reliability of the answers of the surveyed person to the questions posed. The conclusion contains additional information that maximally reveals the essence of the study.

142. The information obtained in the course of the study is confidential, has an auxiliary value and is used by personnel services when deciding on admission to military service in the NG of the Republic of Kazakhstan.

143. The conclusion on the results of the polygraph examination is prepared by the polygraph examiner in duplicate within three working days. One copy of the conclusion is issued to a representative of personnel services and combat units (initiator) against signature with an entry in the logbook of issuing a conclusion on the passage of a polygraph examination.

144. The conclusion on the results of the PGE is placed in an envelope, sealed and submitted directly to the unit commander (initiator).

145. In case of refusal from the PGE, an act of refusal of the study from passing the polygraph examination is drawn up.

146. For disclosure and distortion of research results, the polygraph examiner and the heads of the interested services of the NG of the Republic of Kazakhstan are liable in accordance with the legislation of the Republic of Kazakhstan.

147. The second copy of the conclusion on the results of the study, the direction, the act of refusal from the polygraph examination, the declaration of the polygraph examination, as well as on electronic media psychophysiological reactions in the form of polygrams, audio and video materials are stored in the MMC archive during the current year, subsequently the materials are transferred for storage in the archives of the National Guard of the Republic of Kazakhstan.

148. Maintenance of the polygraph is carried out once every five years.

Chapter 6. Registration of medical documents of MMC

149. Based on the results of the survey, the MMC makes the following conclusions:

1) in relation to citizens and military personnel entering military educational institutions, including foreign states, implementing programs of secondary technical and vocational, higher, postgraduate education, to military faculties at higher educational institutions:

good (not good) for admission to _____;

(name of educational institution)

eligible for military service with minor restrictions, not eligible for admission

_____

_____.

(indicate the name of the university, faculty)

2) in relation to persons entering military service under the contract:

fit for military service under a contract;

fit for military service under a contract with minor restrictions;

needs examination with subsequent medical examination;

the conclusion was not issued due to failure to appear for a medical examination (under-examination);

not eligible for contract military service.

3) in relation to military personnel undergoing military service by conscription:

fit for military service;

fit for military service with minor restrictions;

release from the duties of military service for ____ days (hospitalized in the infirmary of the medical center of the military unit);

partially release from military service duties (indicate from what types of work, occupations, orders) for _____ days;

provide sick leave for ____ days;

provide sick leave for ____ days with subsequent medical examination at the place of military service;

not fit for military service in peacetime, limited fit in wartime;

not fit for military service with the exception from military registration.

4) in relation to military personnel undergoing military service under contract, cadets of military educational institutions:

fit for military service;

fit for military service with minor restrictions;

fit for military service with minor restrictions with subsequent medical examination after _____ months;

provide sick leave for ____ days;

provide sick leave for _____ days with subsequent medical examination

_____;

(indicate the venue)

extend sick leave by ____ days;

release from military service duties for _____ days;

partially exempt from military service duties for _____ days

_____

____;

(indicate from what types of work, orders)

is subject to repeated medical examination after ____ months (the conclusion is made in wartime); (indicate the term)

limitedly fit for military service;

not fit for military service in peacetime, limited fit in wartime;

not fit for military service with the exception from military registration.

5) in relation to cadets under the age of eighteen:

suitable (unfit) for training _____

(name of the military educational institution)

indicating the category of fitness for military service;

release from military service duties for ____ days;

partially exempt from the duties of military service (indicate from what types of work, occupations, orders) for _____ days.

6) in relation to the SPMU military personnel:

fit for service in SPMU;

not fit for service in SPMU _____;

(indicate the category of fitness for military service)

7) in relation to military personnel selected for service and serving with radioactive substances, radiation sources, sources of EMF and LR:

fit for service since _____;

(indicate the harmful factor)

not fit for service since _____,

(indicate the harmful factor)

_____

(for military personnel, indicate the category of fitness for military service);

8) in relation to military personnel selected for training units and cadets of training units:

suitable (unfit) for training in the educational unit (for a certain military accounting specialty)

_____;

(indicate the category of fitness for military service)

9) if it is necessary to accompany a serviceman who is going to a medical and sanatorium institution for treatment, on sick leave, to the place of service and to the chosen place of residence after dismissal from military service for health reasons, the MMC determines the need for escort, indicating the number of accompanying persons persons, type of transport.

150. The book of minutes of the MMC meetings is kept in all MMCs by the secretaries of these commissions. The minutes of the MMC meetings are signed by the head, members of the commission (at least two) who took part in the meeting of the MMC and the secretary of the commission on the day of the meeting of the commission, and the conclusion of the commission is announced to the person being examined.

The regular MMC also maintains a book of protocols for conducting an extramural examination in the form, according to appendix 23 to these Rules. The materials of the correspondence examination are filed into a separate file and are subject to storage for 60 years.

151. Passport data of the person being examined (on the basis of an identity document), the results of special studies confirming the established diagnosis of the disease (if necessary) and the conclusion of the MMC are recorded in the book of protocols.

152. When drawing up the conclusion of the MMC with a certificate of illness, it is allowed not to record the results of special studies in the book of protocols. A copy of the disease certificate is kept as an attachment to the protocol book.

In the book of protocols and on the specified copy of the certificate of illness, the date, number of the protocol and the content of the MMC conclusion are recorded.

153. Books of protocols of staff, freelance MMCs, sickness certificates (certificates of medical examination) are subject to storage for 60 years.

154. Books of minutes of meetings of temporary acting MMCs are subject to storage for 10 years.

155. The regular MMC keeps a book of minutes of MMC meetings only for persons who are examined directly in these commissions.

156. When considering the certificates of illness submitted to the regular MMC, the minutes of the MMC meetings are the fourth copy of the certificate of illness, in which the conclusion approved by the regular MMC is signed by the head, commission members (at least two) who took part in the committee meeting and the secretary.

The fourth copy of the sickness certificate shall be kept for 60 years.

157. A certificate of illness in peacetime is drawn up in the form, according to appendix 24 to these Rules:

1) for all military personnel recognized:

partially fit for military service;

unfit for military service in peacetime, of limited use in wartime;

unfit for military service with exclusion from military registration;

2) for cadets (listeners who do not have an officer rank) of military educational institutions, recognized as unfit for training;

3) for servicemen of the SPMU recognized as unfit for service in SPMU;

4) for military personnel doing military service with RS, IRS, sources of EMF, LR and recognized as unfit for service with RT, IRS, sources of EMF;

5) for citizens who have completed military service and are examined to determine the category of fitness at the time of their dismissal from military service;

6) for reserve officers called up for military service, but not yet sent to the place of service and recognized:

limited to those fit for military service;

not fit for military service with the exception of military registration;

not fit for military service in peacetime, limited fit in wartime, limited fit for military service.

158. The conclusion of the MMC, drawn up by a certificate of illness, a certificate with a change in the category of fitness for military service, is subject to approval by the regular MMC.

159. For female military personnel recognized as unfit for service with radioactive substances, radiation sources, sources of EMF in connection with pregnancy, the conclusion of the MMC is drawn up by a certificate and is not subject to approval (control) by the regular MMC.

160. Expert documents (certificates of illness with other medical documents) for approval are sent to the staff MMC in four copies. After approval (not approval), three copies of the certificate of illness are sent to the MMC, which issued the certificate of illness, and the fourth copy is kept in the regular MMC.

After the approval of the MMC, the one who issued the certificate of illness, the first and second copies are sent to the military unit at the place of service of the serviceman, and the third copy is kept in the MMC.

161. A certificate of illness of conscripts recognized as unfit for military service with diseases not related to military service is sent to the regular MMC for approval in five copies.

After approval (not approval), three copies of the certificate of illness of the regular MMC are returned to the MMC, which issued the certificate of illness, the fourth copy is sent to the DDS at the place of conscription of the serviceman, and the fifth copy is kept in the regular MMC.

162. Established MMC on the upper field of the front side of each copy of a certificate of illness or certificate drawn up for persons with mental disorders, malignant neoplasms, venereal diseases, AIDS patients, HIV-infected, put the following stamp: “Make copies, hand out , it is prohibited to disclose information ”.

163. For servicemen recognized as needing sick leave during a medical examination, a medical examination certificate shall be issued in triplicate.

The first and second copies of the certificates are sent to the commander of the military unit at the place of military service of the serviceman (handed over to the examined person), and the third copy remains in the MMC for control with other medical documents.

164. Not approved certificates of illness and certificates of the MMC are returned to the non-staff MMC that compiled them with a written statement of the reason why they were not approved.

One copy of an unapproved expert document is kept in the regular MMC for 5 years.

165. After receiving an unapproved expert document, the freelance MMC analyzes the reasons for non-approval, follows the instructions of the regular MMC and sends it for re-approval in the manner prescribed by these Rules.

The results of the analysis of the reasons for non-approval, the implementation of the instructions of the regular MMC are reflected in the expert document of the being examined.

On cases of failure to submit for re-approval a previously unapproved expert document, the freelance MMC shall notify the staff MMC in writing with justification of the reasons.

166. A certificate of illness in wartime is drawn up:

1) for all servicemen recognized as unfit for military service, temporarily unfit for military service with a re-examination after 6-12 months;

2) for reserve officers recognized as unfit for military service.

167. The conclusion of the MMC in wartime, drawn up by a certificate of illness, is subject to approval by the regular MMC, and the conclusion, drawn up by a certificate, is subject to control.

168. The decisions made by the MMC on the court ruling in relation to the military personnel previously examined by the departmental staff MMC are drawn up by a certificate on the court ruling in the form, in accordance with appendix 25 to these Rules.

Appendix 1 to the Rules
military medical
expertise in the National Guard
Republic of Kazakhstan
The form
Corner stamp
military unit
(institutions)

To the chief (commander)

_____

_____

(indicated by a military medical institution) Referral for a medical examination ___

1. Sent for a medical examination for

_____

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_____

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(indicate the purpose of the medical examination, as well as the reason for the referral to the MMC –

for health reasons, the conclusion of a new contract for military service,

upcoming dismissal from military service upon reaching the age limit

stay in military service, according to organizational and staff activities)

2. Surname, name, patronymic (if any) _____

_____

3. Military rank _____

4. Date of birth _____

5. Military unit _____

6. Specialty _____

7. Drafted (entered under the contract) for military service

_____

(indicate the department (department) for defense affairs, month and year of conscription, admission to

military service under the contract)

8. Preliminary diagnosis _____

9. Date of referral _____

10. The conclusion of the MMC, please send _____

(name and postal address of the military unit and personnel service)

11. Special notes _____

Commander (chief) _____

(military rank, signature, initials of name, surname)

M.P.

Note:

1. When sending for a medical examination of military personnel, in order to determine their fitness for service in the SPMU, paragraph 10 indicates their belonging to special-purpose units.

Appendix 2 to the Rules
military medical
expertise in the National Guard
Republic of Kazakhstan

Research methodology when conducting military medical expertise in the National Guard of the Republic of Kazakhstan Chapter 1. General Provisions

1. A medical examination in a military medical commission is carried out in conditions when candidates for military service (study), military personnel are not interested in reporting existing diseases or their severity, or showing signs of pathological character traits, and military personnel are interested in dismissal due to illness, tend to exaggerate or simulate their illness.

2. The MMC specialists are united by the task of joint efforts, the most complete and adequate assessment of the state of physical and mental health of the surveyed, which requires a certain approach.

3. Since the certificate and the medical examination card are in the hands of the person being examined for the entire period of the commission, the psychiatrist's records should not be available to them, and the psychiatrist will examine the latter, leaving the act or card with him for submission to the final commission.

4. During the passage of the commission, the person being examined by the specialists shows character traits or painful signs (conflict, irritability, strange behavior, inadequate reactions), which eyewitness experts report to the psychiatrist for use in a conversation with him.

5. The psychiatrist conducts a conversation using the data of the psychologist's examination (where he is), which, in turn, is carried out after an expert assessment by all (except the psychiatrist) specialists, and therefore the examined person comes to him last.

6. The therapist uses the data of a number of specialists: an ophthalmologist (the condition of the fundus with characteristic signs of hypertension, sclerotic and dystrophic changes), a neuropathologist (vegetative-vascular dysfunctions), a surgeon (osteochondrosis, giving reflex pain to the heart and other organs, chest deformities, requiring X-ray and other organ studies), an otorhinolaryngologist (foci of infection of the paranasal sinuses and tonsils, explaining inflammatory diseases of organs and systems). Therefore, the therapist should conduct research after the specified specialists.

7. It is advisable for a neuropathologist to conduct an examination after a surgeon establishing diseases and injuries of the osteo-ligamentous apparatus (including common osteochondrosis), bone fractures with nerve damage, as well as an ophthalmologist who, upon examination, establishes changes in the fundus that adequately reflect the state of the cerebral vessels.

There is no objective need to regulate the sequence of medical examination among other medical experts.

8. Medical examination is carried out in premises that comply with sanitary standards: in volume at least 9 meters, including 3 meters per person, including the person being examined, illumination of at least 300 lux under fluorescent lighting and 150 lux under incandescent lighting, comfortable temperature not less than 18 degrees.

9. The need to conduct a frank, confidential conversation with the subject for a successful examination of his mental health, characterological characteristics of the individual, requires the psychiatrist and psychologist to be allocated separate rooms.

10. In a separate office, oriented to the quiet side of the street, a therapist conducts an examination, which ensures a high-quality auscultatory examination.

11. The examination of visual acuity is carried out by an ophthalmologist in an office with a length of at least 5.5 meters, provided that the distance from the subject to the Golovin-Sivtsev table is 5 meters. For ophthalmoscopy, a darkened room is equipped.

12. An otorhinolaryngologist's office diagonally at least 6.5 meters for the study of hearing acuity from a distance of 6 meters, isolated from noise, darkened with an artificial light source. For convenience, 0.5 meter markings are made on the floor.

13. It is allowed to combine the work of an ophthalmologist and an ENT doctor, a neurologist and a surgeon in one office.

14. For carrying out mass psychological research, a sufficiently spacious room is equipped, in which each subject is provided with an individual workplace. The number of seats for one full-time psychologist does not exceed 12. Regardless of the amount of information provided in the MMC on medical observation in the period before the examination, expert doctors, having carefully studied the submitted documents, collect

anamnestic information, conduct a comprehensive objective clinical, available laboratory and other additional research.

15. A special place in the military medical examination is occupied by the anamnesis of life and anamnesis of the disease. The value of information about the subject being examined, which is the starting point along with pathological changes in laboratory data, depends on the ability to conduct a targeted survey.

16. If research methods (vestibulometry), drugs (miotics, mydriatics) complicate and make it impossible to examine other specialists, their use is prescribed at the end of the medical examination.

17. Evaluation of suitability for service is carried out taking into account the nature of the disease and physical disability, its course, the severity of violations and the degree of compensation of the disease process, the prognosis and influence of the conditions of a particular type of activity on the development of this disease, as well as the compensatory capabilities and functional fitness of the diseased organ (system) and the body as a whole.

18. In all cases, if there is a suspicion of a deviation from the norm, the examined person is subjected to a sufficient examination depending on the detected changes and medical examination by the appropriate specialists. If during an outpatient examination the diagnosis remains unclear, the examined person is sent for an inpatient examination.

Chapter 2. Surgical research and anthropometric measurements

19. In the absence of paramedics on the staff of the MMC (except for the medical registrar), the expert surgeon to determine the general physical development takes the main anthropometric measurements: height, body weight, chest circumference, lung capacity, hand strength and back strength using measuring instruments.

20. To measure height in position:

1) while standing, the examinee stands on the stadiometer support, touching its vertical bar with the interscapular region of the back, buttocks and heels. The head is kept straight so that the supraglottic notch of the ear and the outer corner of the palpebral fissure are on the same horizontal line. The movable bar of the stadiometer should fit snugly to the crown;

2) sitting, the examinee sits on the folding bench of the stadiometer, erect, touches the vertical bar of the stadiometer with the interscapular region and buttocks. The head is in the same position as when measured while standing. The legs are bent at the knees at right angles. The reading is carried out from the surface of the seat with an accuracy of 0.5 centimeters (hereinafter referred to as cm).

21. Body weight is determined on a medical scale. The person being examined stands in the middle of the weighing platform. Indicators are recorded with an accuracy of 0.1 kilogram .

22. The circumference of the chest is measured by applying a rubberized measuring tape without pressure, behind the lower angles of the shoulder blades, in front in men - along the

lower semicircle of the nipple, in women - along the cartilage of the IV pair of ribs above the mammary glands. At the same time, the examined person stands calmly with his hands down. Three indicators are noted: at the moment of a respiratory pause, at maximum inhalation and maximum exhalation.

23. The vital capacity of the lungs is determined using a spirometer, pneumotachometer. The subject after the maximum inspiration makes a full exhalation into the tube.

24. The strength of the hands is measured with a hand dynamometer, which is compressed by the observed maximum effort of the hand, horizontally extended first with the right, then with the left hand.

25. Deadweight is determined using a deadweight dynamometer. Examined with both hands by the handle, which is at the level of the knee joints, stretches the dynamometer as much as possible without bending the legs.

26. The immediate objective of a surgical study is to identify surgical diseases and abnormalities in the condition of the musculoskeletal system, muscular and vascular systems, and the genitourinary system, which may be a contraindication to service in a particular position.

27. Correctly assessing the data of physical development, as well as discovering latent and incipient surgical diseases is possible only with a systematic examination.

28. Before the start of the study, the surgeon finds out the complaints, information about the trauma suffered, surgical diseases and surgical interventions.

29. The examinee is examined in the nude. The posture of the body is studied in the sagittal and frontal planes. Correct posture is characterized by a straight (vertical) position of the head and symmetrical outlines of the cervicobrachial lines, the median position of the line of the spinous processes, the same level and symmetrical arrangement of the angles of the shoulder blades, the same configuration of the waist triangles, slightly protruding forward contours of the chest, lower limbs of the correct shape.

30. The condition of the skin is being studied: pigmentation, thinning, peeling, dryness, trophic disorders. At the same time, the size of the thyroid gland is determined. If there are scars, their nature and origin are assessed.

31. Examination of the chest reveals the presence of deformities associated with curvature of the spine or existing independently (funnel-shaped, keeled chest). The position of the clavicles is determined.

32. The abdomen and its shape are examined. On examination, attention is drawn to the anomalies in the development of the external genital organs.

33. In the presence of asymmetry of the scapula, it should be remembered that it is associated with deformity of the spine and Sprengel’s disease - a congenital high standing of the scapula. With deformity of the spine, kyphosis is most often detected in the thoracic region, less often - lordosis, in the lumbar - more often increased lordosis, less often - kyphosis. Attention is drawn to the presence and severity of scoliosis.

34. The posture of the subject is assessed. The forced position is usually caused by painful sensations, anatomical changes and pathological attitudes as a result of compensation.

35. The limb can be in the position of internal and external rotation, adduction and abduction, flexion and extension.

To determine chronic fractures, dislocations and other injuries of bones and joints, attention is paid to the location of the main identification points, bony protrusions, epicondyles. In the normal elbow joint, in the forearm extension position, the epicondyle of the humerus and the apex of the olecranon are in line. When flexed at the elbow joint, these identification points form an isosceles triangle with the apex on the olecranon.

36. The shape and position of the pelvis is studied. It should be remembered that many people (up to 80 percent) normally have one leg shorter than the other. When the leg is shortened by 2 cm or more, a noticeable skew of the pelvis is determined. In the abduction position of the shortened leg, the curvature of the pelvis disappears. Compensatory curvature of the spine in such cases cannot be attributed to deformity. With the same length of the legs and deformity of the pelvis, it is necessary to exclude deformity of the spine, which requires additional examination.

The symmetry of the gluteal folds and projections of the greater trochanter of the femur is noted.

37. The sacrococcygeal region and the anus are examined for the possible presence of epithelial coccygeal passages and their complications, manifestations of chronic Paraproctitis, pararectal fistulas, hemorrhoids, anus dehiscence. The study of possible prolapse of hemorrhoids and prolapse of the rectum is carried out with light and strong straining in the squatting position of the examined person.

Examination of the rectum and prostate gland with a finger is performed according to indications.

38. When examining the legs, the position of their axes is determined. Distinguish: straight legs, 0-shaped, when the knees are apart to the side, the axes of the thigh and shins form an angle open inward, X-shaped legs, when the knees are shifted, the axes of the shins diverge, the axes of the thigh and shins form an angle open outward. To determine the 0-shaped curvature of the legs, the distance between the protrusions of the inner condyles of the femurs is measured, the X-shaped curvature is the distance between the inner ankles of the legs.

The feet and soles are examined.

39. Palpation of the skull can reveal defects in the bones of the vault after trauma, as well as surgical interventions, the presence of tumor-like formations of soft tissues and bones.

40. The state of peripheral lymph nodes, skin turgor and its temperature, muscular development are determined.

41. Palpation of the abdomen determines the state of the anterior abdominal wall at rest and during straining (hernia of the white line, umbilical, inguinal, postoperative), the state of internal organs, external inguinal rings.

In the presence of a hernial protrusion, its size, content and reducibility are assessed.

42. The testicles, their appendages, elements of the spermatic cord, the prostate gland are palpated in order to identify developmental anomalies, dropsy of the testicle and spermatic cord, tumors, stones, and inflammatory diseases.

43. To assess the state of the musculoskeletal system and the spine, it is important to identify not only anatomical changes, but also to determine its functionality. It should be borne in mind that ankylosis of a large joint in a functionally comfortable position of the limb (segment) in some cases does not limit the usual amount of work performed.

44. The study of the range of motion in the joints of the extremities begins with the implementation of active and passive movements in all planes.

45. Measurement of the circumference of the limbs is made with a measuring tape in symmetrical areas: on the thigh - in the upper, middle and lower thirds, on the shoulder and lower leg - in their most voluminous part.

46. In order to avoid errors when measuring the range of motion in the joints, the following technique is followed:

1) shoulder joint - flexion: the examined person stands sideways to the doctor. The fixed branch of the goniometer is installed parallel to the vertical axis of the body, the axis and the movable branch - parallel and in the center of the line connecting the large tubercle of the humerus with its external epicondyle.

The examined person raises his straight arms forward as much as possible without the participation of the shoulder girdle and deviation of the body. Extension: under the same conditions, the arms are deflected as far back as possible. Abduction: the examined person stands with his back to the doctor. The angles of the scapula are at the same level, the inner edge of the scapula is parallel to the vertical line of the spine. The fixed branch of the goniometer is installed parallel to the vertical axis of the body, the movable branch is parallel to the line connecting the acromion with the olecranon of the ulna. Hands are spread apart to the possible limit;

2) elbow joint - flexion and extension: the examined person stands sideways to the doctor, hands are lowered down, palms forward. The fixed branch of the goniometer is installed parallel to the line connecting the tubercle of the humerus with its external epicondyle, the movable one - parallel to the line connecting the external epicondyle of the humerus with the styloid process of the radius. The forearm is slowly bent to the limit possible. The axis of the goniometer should coincide with the transverse axis of the elbow joint (the line connecting the lower edges of the outer and inner epicondyle);

3) wrist joint - dorsal extension and palmar, ulnar and radial flexion.

The forearm is in the horizontal plane, the hand is straightened and is its continuation, the first finger is pressed. The fixed branch of the goniometer is installed parallel to the line connecting the styloid process of the radius and the outer edge of the bicep's tendon, movable - along the length of the second metacarpal bone. Palmar, ulnar and radial flexion and dorsal extension are performed, while the axis of the goniometer should coincide with the transverse axis of the joint;

4) hip joint - flexion and extension: the subject lies on his back, the leg under examination is extended, the other is maximally bent in the hip and knee joints and is fixed in this position with the hand of the same name. The fixed branch of the protractor is installed parallel to the line connecting the apex of the axillary fossa with the greater trochanter, the movable one - along the line connecting the greater trochanter and the lateral condyle of the thigh.

During the measurement, the leg to be examined is bent at the knee joint.

Abduction: the subject lies on his back, legs extended, heels together, arms along the body . The fixed branch of the protractor is installed along the line of the xiphoid process-pubic articulation-inner condyle of the thigh. The examined leg is maximally retracted;

5) knee joint - flexion and extension: the subject lies on his back. The fixed branch of the protractor is installed parallel to the line connecting the greater trochanter with the outer condyle of the femur, the movable branch is parallel to the line connecting the head of the fibula to the outer ankle. First, maximum flexion is performed, and then full extension of the lower leg;

6) ankle joint - plantar and dorsiflexion: the subject lies on his back, the foot at an angle of 90 degrees. The fixed branch of the protractor is installed parallel to the line connecting the head of the fibula with the outer condyle, the movable branch is installed along the outer edge (arch) of the foot. Dorsal flexion is performed first, followed by plantar flexion.

47. During all measurements, it is necessary to carefully monitor that during movement in the joints, the jaws of the goniometer do not deviate from the above measurement lines.

48. The length of the limb is measured with a measuring tape. The same symmetrical identification points are used, taking into account the axis of the limb.

For the upper limb, this axis passes through the center of the head of the humerus and the capitate eminence of the shoulder, the heads of the radius and ulna; for the lower limbs, through the anterior upper axis of the ilium, the inner edge of the patella and the first toe in a straight line connecting these points. To identify shortening of the limbs, it is important to compare the true (anatomical) and relative length of the limb.

49. In case of ankylosis, joint contractures, deviation of the lower leg inward, as well as outward, pathological conditions of the hip joint, the anatomical length of the diseased and healthy limbs is often the same size, and the relative length of the diseased limb is less. The anatomical length of the limb is measured in segments, and the relative length is measured in a straight line from the beginning to the end of the limb.

50. The anatomical length of the shoulder is measured from the greater tubercle of the humerus to the olecranon, the forearm - from the olecranon to the styloid process of the ulna.

51. The anatomical length of the thigh is measured from the apex of the greater trochanter to the joint space of the knee joint, the lower leg — from the joint space of the knee joint to the lower end of the external ankle. The sum of the measurements obtained for each segment is the anatomical length of the limb.

52. The relative length of the upper limb is determined by measuring in a straight line from the acromial process of the scapula to the tip of the third toe, the lower limb - from the anterior superior axis of the ilium to the plantar edge of the foot.

53. The study of the spine begins with the implementation of the axial load and the determination of pain points, which are additionally refined by percussion of the area of the apexes of the spinous processes and palpation of the paravertebral points.

54. The range of motion in the cervical spine is determined by tilting and turning the head.

Normally, forward bending of the head is possible by 40 degrees and is performed until the chin touches the sternum, posteriorly it is possible so that the back of the head takes a horizontal position, sideways - until it touches the shoulder girdle. Head turns in both directions are possible up to 85 degrees.

Lateral movements in the thoracic and lumbar spine are possible within 25-30 degrees from the vertical line.

55. The spine takes the greatest part in the anteroposterior movements. Limitation of mobility of the spine in the anteroposterior direction is determined with active flexion of the examined forward. Instead of forming a uniform arch, the spine remains erect and forward bending occurs due to flexion in the hip joints. Further flexion is made possible only when squatting, which is observed when the subject is lifting a small object from the floor.

56. If a spinal deformity is suspected, the projections of the apices of the spinous processes are marked on the skin with a brilliant green solution, and the spinal deformity is determined. To do this, use a plumb line (thread with a load), which is fixed over the spinous process of the seventh cervical vertebra with an adhesive plaster. If the plumb line passes exactly along the gluteal fold, the scoliosis is considered balanced. If there is a deviation of the plumb line, its value must be measured throughout the deformation for subsequent comparison with the data of radiographs. The distance between the edge of the scapula and the spine at symmetrical points is compared, the indicators for determining the back force (dynamometry) are estimated. Since pronounced deformities of the spine are accompanied by a violation of the function of external respiration, it is necessary to determine the vital capacity of the lungs, the minute volume of respiration,

57. In order to confirm the deformities of the spine, the study should be supplemented with X-ray (fluorography) of the spine in the vertical and horizontal position of the body.

58. The Chizhin and Fridland indices are used to assess pathological changes in the feet (flat feet, deformities). When determining the Chizhin index (measuring the footprint), an

imprint of the footprint is made on the paper, the width of the print and the width of the groove of the footprint are measured. The ratio of the width of the imprint to the width of the groove determines the degree of flattening: index from 0 to 1 - norm, from 1 to 2 - flattening, above 2 - flat feet.

To assess flat feet, the Fridland index (flattening of the arch of the foot) is determined by the formula: height of the arch x 100 length of the foot

The height of the vault is determined by a compass from the floor to the center of the scaphoid. Normally, the Fridland index is 30-28, with flat feet - 27-25.

59. The degree of flat feet is most reliably established by X-ray. Profile shots of the feet are taken in a standing position under load (without shoes). On radiographs, by constructing a triangle, the angle of the longitudinal arch and the height of the arch are determined. The angle is formed by lines drawn from the lower edge of the scaphoid joint to the apex of the calcaneal tuberosity and the head of the first metatarsal bone. The height of the arch is determined - the length of the perpendicular, lowered from the height of the angle of the longitudinal arch to the base of the triangle, - the line connecting the surface of the tuberosity of the calcaneus with the plantar surface of the head of the first metatarsal bone. Normally, the angle of the arch is 125-130 degrees, the height of the arch is 39 millimeters (hereinafter - mm).

60. Flat feet I degree: the angle of the longitudinal inner plantar arch is 131-140 degrees, the height of the arch is 35-25 mm. Flat feet of the II degree: the angle of the longitudinal inner vault is 141-155 degrees, the vault height is 24-17 mm. The talus is shortened, the neck is not emphasized. Flat feet of the III degree: the angle of the arch is more than 155 degrees, the height of the arch is less than 17 mm.

61. At the same time, there is a flattening of the transverse arch of the foot, abducting contracture of the first toe. The foot is rotated and deflected outward.

62. In the position of the examined lying down, the pulsation of the great vessels is checked by palpation and auscultation. If necessary, oscillography with nitroglycerin test, angiography, phlebography, rheovasography, Doppler ultrasonography and other studies that provide objective indicators of the state of blood circulation are performed.

Chapter 3. Examination of internal organs

63. Examination of internal organs includes the study of complaints, anamnesis, as well as an objective examination, which begins with a general examination, while paying attention to the general appearance, physique, the degree of development of subcutaneous fat, the color of the skin and visible mucous membranes. Palpation is determined by the elasticity and moisture of the skin, its temperature in certain areas, the state of the lymph nodes, muscles.

Then the systems research is carried out.

64. When examining the circulatory system, the pulse (frequency, rhythm, character) and blood pressure at rest (sitting) are determined. With high blood pressure, it is necessary to

measure it again after 10-15 minutes, and if it remains above the norm, then after 3-5 days in conditions that exclude unfavorable factors (emotional and physical stress, lack of sleep). In case of an increase in blood pressure, 24-hour blood pressure monitoring (hereinafter referred to as DBPM) is performed. A functional test of the cardiovascular system is necessarily carried out, which consists in determining the rate of recovery of its initial state after physical activity (15-20 squats) 3 minutes after it and then until the initial data of the pulse and blood pressure are established.

65. When examining peripheral vessels, attention is paid to the presence and nature of pulsation of arteries in various areas (jugular veins, carotid, brachial and other arteries, hypogastric pulsation).

66. Percussion and palpation determine the boundaries of the heart, apical and cardiac impulses, other pulsations in the region of the heart and in the vicinity of it.

67. When listening to the heart in various positions of the examined person (lying, standing), after physical exertion, while holding the breath, the sonority of the heart tones (strengthening, weakening, accent) and their character (splitting, bifurcation, the appearance of additional tones) are assessed, as well as the presence of heart sounds. noise. When listening to the noise, it is necessary to determine its relation to the phase of cardiac activity (systolic, diastolic), its nature, strength, duration, localization and predominant irradiation. Noises are distinguished between organic and functional. Organic noises are observed with lesions of the myocardium, heart valves and vessels departing from it, and congenital heart defects. Functional murmurs depend on various reasons: nervous excitement, infectious diseases, anemia, in puberty.

68. To find out the causes and nature of heart murmurs, it is necessary to resort to additional examination methods: X-ray of the heart in three projections with esophageal contrast, electrocardiography, phonocardiography, echocardiography, and other studies.

69. When examining the respiratory organs, all examined persons must undergo an X-ray examination, preferably with a large-frame fluorograph, and a thorough examination by clinical methods.

Servicemen of a special-purpose unit assigned, sent for training to special courses in the following specialties: a diving specialist (diver, deep-diver), as well as to courses related to parachute jumping, spirography is required to determine the vital capacity of the lungs (hereinafter - VC).

70. When assessing complaints, attention is paid to the nature of shortness of breath (physiological, pathological, with difficulty breathing, exhaling, mixed), the peculiarity of the cough (duration, time of manifestation, volume, timbre, the presence of sputum and its peculiarity), localization, intensity, irradiation of pain in the chest and the connection of these pains with the act of breathing, coughing.

71. External examination of the face reveals a cyanotic coloration of the skin and visible mucous membranes, indicating difficulty in gas exchange, a noticeable movement of the

wings of the nose during breathing associated with severe shortness of breath, the presence of a blush on the cheeks.

72. When examining the neck, pay attention to its volume and shape, the condition of the lymph nodes.

73. When examining the chest at rest and during deep breathing, its shape, the location of the clavicles, supraclavicular and subclavian fossae, shoulder blades, the symmetry of both halves of the chest, the type of breathing, frequency, rhythm and depth of respiratory movements, participation in the act of breathing of auxiliary muscles are determined ...

74. Palpation determines the localization of chest pain and its resistance (elasticity), the severity of voice tremor, which suggests the presence of effusion in the pleural cavities, as well as large infiltrates in the lungs, pleural friction noise.

75. With comparative percussion, the boundaries of the lungs are determined, the mobility of the lower pulmonary edges (in the normal state, the mobility of the pulmonary edges amounts to 6-8 cm in the sum of inhalation and exhalation), the height of the apexes and their width, as well as changes in the percussion pulmonary sound in pathological conditions (shortening, dullness, dull sound in the presence of fluid in the pleural cavity, inflammatory, tumor processes in the lungs, tympanic nature of the sound, box sound when air accumulates in the pleural cavity, the presence of cavities in the lung - abscess, cavity, if it is located close to the chest wall and has a diameter of at least 3-4 cm, as well as with increased airiness of the lung tissue - emphysema).

76. When listening to the lungs, the nature of breathing, its intensity and the ratio of inhalation and exhalation are determined. The main respiratory noises (vesicular, bronchial breathing and their changes) and pathological respiratory noises (wheezing, crepitus and pleural friction noise) are assessed.

77. If areas with dullness, dull percussion sound and auscultatory changes in the form of bronchial, weakened, amphoric breathing, moist wheezing, crepitus are detected over the lungs, if symptoms that cause suspicion of tuberculosis are detected, it is necessary to send the examined persons for examination to a phthisiatrician, as well as for inpatient examination in a specialized medical institution.

78. When examining the abdominal organs for the detection of diseases of the gastrointestinal tract, a correctly collected anamnesis is of great importance. When analyzing the complaints of the surveyed, it is necessary to pay attention to the nature of dyspeptic disorders, pain, their relationship with food intake, the frequency and seasonality of pain.

79. The examination begins with an examination of the oral cavity: teeth, gums, tongue, soft palate and pharynx. Then, the abdominal organs are examined and palpated. The examined person is laid down on the couch facing the light source with straightened legs and arms extended along the body. The head should be slightly raised and rest without tension on the headrest of the couch. The doctor, being to the right of the examined person, conducts a superficial approximate palpation, revealing soreness, tension of the muscles of the abdominal

wall, the presence of a hernia of the white line, superficial tumors. Then he proceeds to deep, sliding palpation according to the Obraztsov method, determining the state of the liver, spleen , kidneys, intestines, deeply located formations.

80. Percussion determines the upper border of the liver, the lower border of the stomach and the size of the spleen.

81. When identifying symptoms indicating a disease of the abdominal organs, it is necessary to carry out additional laboratory, instrumental and X-ray examinations.

82. When examining the renal system, it is necessary to carefully collect anamnesis, paying attention to the relationship of possible dysuric phenomena with previous diseases, the presence of arterial hypertension and the nature of the pain syndrome.

83. Examination begins with determining the presence of edema and pastiness on the face. Palpation determines the size of the kidneys, tapping on the lumbar region - the presence of pain.

84. If symptoms of kidney disease are detected, additional studies should be carried out: laboratory, instrumental and radiological.

85. Given the complexity of the diagnosis of kidney disease, it is necessary to carry out a full range of studies, including excretory urography, ultrasound, radioisotope renography, urine culture, laboratory urine tests.

86. Considering that a number of therapeutic diseases occur with damage to muscles and joints, it is necessary to pay attention to: changes in the configuration of joints, range of motion, signs of inflammation. If individual signs of the disease are identified, additional research is needed.

Chapter 4. Research of the nervous system

87. The task of an expert neurologist is to establish damage to organs and systems that led to local, diffuse, diffuse organic damage to the nervous system, the presence and severity of autonomic or functional disorders, the connection of neurological symptoms with dysfunction of internal organs and, on this basis, making a prediction about the possibility to perform functional duties in a specific position, or the degree of disability.

88. Examination by an expert - neuropathologist is carried out after examination of the fundus by an ophthalmologist.

89. Clinical and neurological examination is carried out after reviewing medical documents, clarifying complaints and collecting anamnesis (general history and medical history).

90. The presence of convulsive seizures, episodes of loss of consciousness, attacks of muscle weakness in the subject and his relatives, the presence of infectious diseases, intoxication, and nervous diseases in the family is specified.

91. During neurological examination, the examined persons must be completely undressed in order to correctly assess the presence of atrophy, paresis, to reveal trophic skin disorders, changes in gait and statics.

92. A thorough examination and palpation of the skull is of great importance in neurological research, even in those cases when the examined person denies the presence of craniocerebral trauma, in order to identify congenital and acquired defects that can give rise to a targeted examination: EchoEG, craniography in two projections. If necessary, EEG, CT, MRI of the brain.

93. When examining the cranial nerves, first of all, attention is paid to the pupils, their shape and size, and their response to light (direct and friendly) are determined. The unequal size of the pupils (anisocoria) as a single symptom is not a sign of an organic disease of the nervous system, as well as a consequence of a congenital anomaly, unevenness of sympathetic innervation. Deformation of the pupils should raise suspicion of organic damage to the nervous system, but its importance as an organic symptom should not be overestimated in case of normal pupillary reactions. Changes in pupillary reactions are in most cases a sign of an organic disease of the central nervous system and therefore the study of pupillary reactions is carried out carefully in the presence of a sufficiently intense light source.

94. When studying the reaction of pupils to accommodation with convergence, it is necessary to trace the constriction of one and the other pupils. It should be remembered that some individuals do not know how to converge the ocular axes "on demand", which creates a false idea of convergence paresis. When studying pupillary reactions, attention is also paid to the difference in the reactions of the pupils to light, convergence and accommodation.

95. Not only gross violations of pupillary reactions are important (Argyle-Robertson symptom, reflex immobility of the pupils, lack of reaction to convergence and accommodation), but also more subtle disorders (the difference in the vividness of the reaction of one pupil in comparison with another, the lethargy of the reaction to convergence and accommodation).

96. When pupillary reactions change, a more thorough study of the motor sphere, sensitivity, reflexes is necessary.

97. After examining the pupils, attention is paid to the position of the eyes, strabismus, the width of the palpebral fissures, the movement of the eyeballs, the presence of diplopia, nystagmus.

98. Strabismus does not always indicate damage to the oculomotor nerves, it is caused by a congenital defect and visual anomalies.

99. Separate nystagmoid twitching of the eyeballs with extreme lateral abduction of the eyes are not a symptom of organic damage to the nervous system, but any case of nystagmus requires special attention and a more thorough neurological examination of the examined: CT or MRI of the brain.

100. Then the functions of the remaining cranial nerves are investigated:

various types of sensitivity on the face, movements of the lower jaw, tension of the chewing muscles, corneal and conjunctival reflexes;

the severity of nasolabial folds, teeth grin, frowning of eyebrows, closing eyes, wrinkling of the forehead (slight asymmetry in the severity of nasolabial folds as a single symptom does not matter);

soft palate mobility, swallowing, phonation, soft palate reflex,

condition and strength of the sternocleidomastoid and trapezius muscles, lifting the shoulders, turning the head;

tongue movements (deviation of the tongue to the side as a single symptom does not yet indicate damage to the nervous system), fibrillar twitching and atrophy are not a sign of organic pathology.

101. The function of the optic nerve is examined by an ophthalmologist, an auditory nerve by an otorhinolaryngologist.

102. When examining the motor sphere, the volume of passive and active movements of the upper and lower extremities, the range of movements of the spine, muscle strength, muscle tone, muscle atrophy, its prevalence and severity, fibrillar and fascicular twitching, mechanical excitability of muscles and nerves (symptom of Chvostek and Trousseau), synkinesis, hyperkinesis (tremors, chorea, athetosis, torsion spasm, tics), akinesia. In doubtful cases, with muscle damage, it is recommended to send those examined for electromyography.

103. In the study of coordination of movements, finger-nose, calcaneal-knee tests are used , diadochokinesis, stability in the Romberg position are checked, gait is studied. Attention is drawn to the trembling of closed eyelids, tongue, fingers of outstretched hands. Violation of speech (chanting, nasal tinge, dysarthria, stuttering, aphonic disorders) are detected in the process of conversation and questioning of the subject. The presence of these pathological changes is an indication for the appointment of CT, MRI of the brain.

104. Many organic diseases of the nervous system are accompanied by changes in tendon reflexes, so their study is essential.

105. Reflexes are investigated: carpo-radial (periosteal), flexor-ulnar (with biceps), extensor-ulnar (with triceps), knee and Achilles, abdominal, testicular, plantar, the presence and absence of pathological reflexes (Babinsky, Rossolimo , Ankylosing spondylitis, Oppenheim, pathological reflexes of the oral muscles - nasolabial, proboscis, sucking). Not only the presence of reflexes is determined, but also their liveliness, and their uniformity. Uneven reflexes and their loss indicate in most cases an organic lesion of the peripheral and central nervous system. Taking this into account, it is necessary to pay attention to the technique of the study of reflexes in order not to get a false difference in reflexes. It should be remembered

106. The absence of reflexes on the upper limbs indicates a congenital anomaly, therefore, uneven reflexes and the absence of a reflex on one side are of great importance.

107. The absence of knee and Achilles reflexes is always suspicious of an organic disease of the nervous system (tabes dorsal, the consequences of polyneuritis, poliomyelitis, myelodysplasia). In the absence of knee and Achilles reflexes, it is necessary to use additional research methods (X-ray of the lumbosacral spine, blood test for Wasserman's reaction, if necessary, CT, MRI of the spinal cord).

108. A uniform increase in reflexes, sometimes with clonuses, in the absence of pathological reflexes and with live abdominal reflexes is not a sign of organic damage to the nervous system, such an increase is observed in neuroses.

109. In the study of sensitivity, the presence of pain, paresthesia, their nature, severity, localization, soreness of the nerve trunks, pain points, symptoms of tension of the nerve trunks, pain, temperature, tactile, if necessary, other types of sensitivity, the nature of the sensitivity disorder (anesthesia, hypoesthesia , hypersthesia, hyperpathy) and its area. To exclude discogenic pathology of the spine with radicular prolapse, it is recommended to send the person being examined for CT, MRI of the corresponding spine.

110. When studying the autonomic nervous system, attention is drawn to the color of the skin of the face, trunk, extremities (pallor, redness, acrocyanosis, vasomotor play), the presence of trophic skin disorders, sweating, attention is drawn to the presence of asymmetries in skin moisture and temperature.

111. Skin-vegetative reflexes are investigated: local dermographism, reflex dermographism, pilomotor reflex and cardiovascular reflexes: eye-cardiac (Danini-Aschner phenomenon), cervical. Orthoclinic test, Erben test are carried out. Attention is drawn to the dynamics of blood pressure. With lability of the autonomic nervous system and blood pressure, a more thorough neurological examination is recommended: rheoencephalography and ultrasound Doppler, if necessary, MRI in angio mode.

112. Establishment of pathological lability, increased excitability of autonomic innervation is important in an objective assessment of neurotic conditions, as well as issues of selection for certain types of services.

Servicemen of a special-purpose unit appointed, sent for training in special courses in the following specialties: a diving specialist (diver, deep-sea diver), as well as for courses related to parachute jumping, it is mandatory to have an EEG, EchoEG, according to CT or MRI readings of the brain.

Chapter 5. Investigation of the mental state

113. The main tasks of the MMC psychiatrist is to prevent persons suffering from mental diseases and behavioral disorders from serving in the NG RK, as well as early detection of these diseases in military personnel with the aim of their timely hospitalization in specialized medical institutions for treatment and the subsequent issuance of an opinion on fitness for military service.

114. When the MMC psychiatrist examines people with borderline conditions and low-grade, latent forms of illness, when patients do not regard their mental health as painful, they do not seek psychiatric help and, as a rule, are not registered with mental health centers (hereinafter - MHC) or, being interested in recruiting or continuing the service, they try to hide from the doctor their mental illness. In a number of cases, there are consequences of organic brain lesions, traumatic brain injuries, psychosis, suffered in the past, when the severity of the mental defect is small and the social adaptation of these persons does not yet suffer.

115. In the absence of objective anamnestic information, each additional source of information about the health of a candidate for service (study) acquires special significance and can significantly affect the final expert decision. Such a source can be information from polyclinics at the place of residence, work, study or service, MHC, other medical health organizations, characteristics from schools, other educational institutions, from the place of work, service, information from relatives, military ID data, additional research (psychological , electroencephalographic, etc.) and from a personal conversation between the doctor and the patient.

116. When carrying out a medical examination, information from the MHC (with the obligatory result of the drug test) is requested without fail in the form of certificates to establish the possibility of observation in these institutions.

117. If there is information about staying for examination at the MHC, a detailed extract from the medical history of the psychiatric hospital where the examination was conducted is requested.

118. In the conversation with the examinee, the anamnesis of life, aggravated heredity of mental illness, information about the peculiarities of development in childhood, trauma, absence or presence of stuttering, enuresis, sleepwalking and phobias are taken into account. When examining it, facial expressions, facial expressions, gait features, posture, movements, the adequacy of the reaction, attitude to the conversation with the doctor are taken into account.

Particular attention should be paid to suicidal tendencies:

evaluate the appearance, posture, gestures, facial expression of the patient;

pay attention to the presence or absence of psychomotor agitation, lethargy, demeanor, grimacing, stereotyped movements;

get an idea of the emotional state (anxiety, fear, anxiety, tension, depression, enthusiasm), the ability to concentrate;

try to identify disturbances in the perception of the environment (hallucinations), delusional ideas, disorders of long-term and short-term memory;

evaluate the available data on somatic and neurotic status.

119. Leading in the assessment of the mental state of the examined person is the clinical research method, which must be combined (with appropriate indications) with generally

accepted research methods (experimental psychological research, electroencephalography, brain tomography and others).

120. The study of the mental state of the examined person is carried out in the following sequence: the state of consciousness, attention, memory, thinking, intellect, emotional-volitional sphere is assessed, the absence or presence of psychopathological symptoms is established. In the study of attention, its ability to concentrate is noted (exhaustion, distraction, stuckness). When examining memory, the speed and accuracy of memorization, reproduction of past and current events, the presence of memory deceptions, the type of amnesia (retrograde, antegrade), and so on are established. When assessing thinking, attention is paid to consistency, consistency of judgment and inferences, thoroughness, stuckness, resonance, pretentiousness, the prevalence of abstract thinking over the concrete and vice versa. The pace of thinking is determined (accelerated, normal, slow), its focus (problems, interests). In the study of intelligence, the ability to generalize and understand the figurative meaning of proverbs, the stock of knowledge, the ability to replenish and use them are determined. Possibility of critical assessment by patients of their condition. Attitudes for the future. When determining the state of the emotional sphere, mood (high, even, low, unstable), pathological mood swings, their duration, and color are assessed. The adequacy or inadequacy of emotions in terms of external manifestations, the ability to restrain or suppress their feelings are assessed. The volitional sphere is assessed by the characteristics of the drives and behavior of the person being examined. The absence or presence of disturbances in perception is established: illusions, hallucinations, their content, attitude towards them (critical, affective, indifferent), change in the quality of perception of space, time, self. To identify these violations, as well as obsessions and delusions, a targeted survey of the subject is required.

121. Consecutive psychological and physiological examinations, a conversation between a psychologist based on the test results, and a clinical conversation with an expert psychiatrist constitute a complex of research into the mental health of the person being examined.

122. In order to confirm the clinical signs of various diseases, or to differentiate from mental states that have not reached the degree of pathological severity, the examined are sent to the PPL for an in-depth examination using a number of additional techniques used in clinical practice.

The Resolution of PPL directs the MMC psychiatrist to construct an in-depth clinical interview with the subject, to reveal the latent psychopathology and to get an idea of the psychopathological characteristics of the individual being examined. It should be borne in mind that this survey provides additional information. The psychiatrist does not make an expert opinion completely dependent on the results of a psychodiagnostic examination, since their reliability and the degree of expert significance depend on many factors: the level of

training and practical experience of the psychologist who conducted the research, the thoroughness of processing the results obtained, the correctness of their interpretation, and other reasons.

123. When conducting a military medical psychiatric examination of servicemen suffering from mental illness and borderline conditions, a medical examination is carried out after an inpatient examination in a specialized medical institution. The question of the need for a serviceman to be examined in the MHC is decided by the MMC psychiatrist. Sent to the hospital by the head of the medical service and certified by the signature of the commander of the military unit. Hospitalization in a psychiatric hospital is carried out with the consent of the person being examined.

124. For servicemen sent for examination at the MHC, an official profile is drawn up, containing detailed information indicating the presence of signs of mental illness, as well as a detailed extract from the medical record of an outpatient, a medical book with data from examinations by a psychiatrist, information about the presence somatic diseases.

125. The service profile contains information on the impact of the employee's health on the performance of his official duties in the position held, information on cases of prolonged and frequent dismissals of the employee from the performance of his official duties due to illness, the opinion of the employee's manager on the advisability of keeping the employee in service due his health. The facts are also indicated, indicating that the employee has committed actions that give reason to assume that he has a mental disorder, a tendency to abuse alcohol and other psychoactive substances. Service characteristics for servicemen must be certified by the signature of the command of the military unit. These documents are submitted to the medical institution where the examined person is examined,

In cases of a suicidal attempt by a serviceman, the results of an official investigation, eyewitness reports and a certificate of injury are also attached to the medical examination report.

126. The expert psychiatrist of the MMC independently establishes diagnoses of borderline mental and behavioral disorders that fall within the competence of the medical personnel of primary health care, provided for by the Standard for the organization of the provision of medical and social assistance in the field of mental health to the population of the Republic of Kazakhstan, approved by the authorized body in the field of health in accordance with the competence envisaged subparagraph 32) article 7 of the Code.

An expert diagnosis of mental illness must be confirmed by a consultation examination in a specialized institution. The results of the consultation are attached to the act of medical examination.

127. Cases of providing medical care without the consent of the patient are allowed in relation to persons:

1) being in a shock, coma, which does not allow expressing their will;

2) with diseases that pose a danger to others;

3) with severe mental disorders (diseases);

4) with mental disorders (diseases) who have committed a socially dangerous act.

An expert decision on these persons is made at the end of inpatient treatment.

128. If a serviceman refuses to undergo an inpatient examination, it is explained to him that a medical examination will be carried out based on the results of an outpatient examination at the CPZ with the conclusion of a medical advisory commission. The refusal of a serviceman to be examined is formalized by his report (receipt) and an act, which is certified by the signatures of the MMC members and attached to the act of medical examination.

Chapter 6. Examination of ENT organs

129. Research of ENT organs includes clarification of complaints, study of anamnesis, endoscopy and examination of the functions of ENT organs.

130. When collecting anamnesis, the examined person is examined for past diseases of the ear, throat, nose (the presence of suppuration from the ear, sore throats, frequent and prolonged rhinitis, hypersensitivity to motion sickness). At the same time, speech defects, their nature and severity are clarified.

131. The examination of the organ of hearing should begin with examination and palpation of the auricle, mastoid processes, tragus and adjacent areas, determining their sensitivity.

132. To inspect the external auditory canal, the examinee turns his head by approximately one quarter of a circle so that the extended axis of the auditory canal coincides with the direction of the light rays reflected by the reflector.

133. The auricle must be pulled up and back, which helps to straighten the initial part of the external auditory canal. Limited hyperemia and soreness of the skin of the membranous-cartilaginous part of the external auditory canal are characteristic of the boil. Spilled hyperemia, swelling, scanty discharge, desquamation of the epithelium indicate diffuse inflammation of the external auditory canal.

134. Then, using the ear funnel, the eardrum is examined. In the presence of an inflammatory process in the tympanic membrane, the light reflex disappears and deforms, injection of blood vessels, hyperemia can be observed. In chronic purulent inflammation of the middle ear, the perforation in the tympanic membrane persists for a long time, pus is released through it, granulation, polyps, cholesteatoma are often visible.

135. A detailed examination and determination of the mobility of the tympanic membrane is carried out using a pneumatic Siegle funnel. This funnel (its wide part is hermetically closed by a lens) is tightly inserted into the external auditory canal. With the help of a rubber balloon connected to a funnel, pressure in the external auditory canal is alternately increased and decreased. The movements of the tympanic membrane are observed through a built-in lens.

136. When examining the upper respiratory tract, the functions of respiration and voice formation are assessed. The external parts and the nasal cavity, pharynx are examined. Attention is drawn to the smell of exhaled air.

137. Next, the nose and nasopharynx are examined (anterior, middle and posterior rhinoscopy). The condition of the mucous membrane, the presence, absence of pus, polyps is checked. Nasal breathing is checked by closing the right and left nasal passage alternately, the examinee is invited to breathe, closing his mouth, on the doctor's palm, on a cotton wool. In case of severe disturbances in nasal breathing, stench from the nose, hoarseness, nasalness, changes in the tonsils, tumors of the pharynx, ulcers on the mucous membrane, a more detailed examination is necessary. If stuttering is detected, the results of examination by expert doctors, a neuropathologist and a psychiatrist, are used, and, if necessary, consultation with a speech therapist.

138. Smell is investigated using four standard odors: 0.5% acetic acid solution (low odor), pure wine alcohol (medium odor), simple valerian tincture (strong odor), ammonia (ultra-strong odor). These liquids are stored in numbered bottles of the same shape and color. To detect dissimulation, you should have vials of the same shape with fresh distilled water.

139. Smell disorders can be of peripheral and central origin. In the first case, they are caused by pathological processes in the nasal cavity (chronic rhinitis, nasal polyposis, curvature of the nasal septum). With difficulty in nasal breathing, respiratory hyposmia and anosmia occurs. Peripheral olfactory disorders in the form of hypo- and anosmia are caused by the pathology of the olfactory epithelium, for example, due to acute rhinitis, ozena, atrophic changes, and various toxic effects. Olfactory disorders of central origin are associated with damage to the olfactory analyzer at some level of its organization, in which case the examined persons are subject to a thorough neurological examination.

140. Investigation of the pharynx (pharyngoscopy) is divided into two points. At the first - the examined person breathes calmly, without sticking out his tongue over the edge of the teeth, and tries to relax the pharyngeal muscles, at the second - to pronounce the sound "uh ... ", at this moment the soft palate rises upwards and thereby determines the degree of its mobility, the tongue lies calmly at the bottom of the mouth, slightly pressed down with a spatula (with a sharp pressure, the tongue warps, which interferes with the study). When examining the pharynx, attention is drawn to the state of the mucous membrane, tonsils (with the help of two spatulas they are removed from the bed), the contents of the lacunae, the adhesion of the tonsils with the arches and the state of the cervical lymph nodes are checked.

141. After examination of the ENT organs, hearing acuity is established for whispering speech. The auditory function of each ear is determined separately, for which the non-examined ear is tightly closed by pressing a finger on the tragus of the auricle. To study hearing, you can use not only the words from the Voyachek table, but also the numbers from 21 to 99, while the examined person does not see the doctor's face in order to avoid guessing the words by lip movement. With the aim of possibly the same intensity of whispered speech,

the doctor pronounces words with the help of the air remaining in the lungs after exhalation. The study begins from a distance of at least 6 m. The final hearing acuity is the distance (in meters and half meters) from which the examined person repeats all and the absolute majority (5 out of 6 and 4 out of 5) of the words that the doctor utters in a whisper.

142. If the hearing loss does not correspond to objective data and in all doubtful cases, a repeated hearing test is carried out, and additional research methods are applied.

143. During the medical examination of those entering the military service, for positions associated with frequent trips by air, motor transport, as well as all those entering educational institutions, the study of the vestibular apparatus is mandatory.

144. In the study by the method of double rotation according to V.I. Voyacheku (otolith reaction) the head and body of the subject are tilted forward 90 degrees and rotated in the Barani chair 5 times within 10 seconds. After stopping the rotation, the subject continues to sit with his eyes closed in the same position for 5 seconds, after which he is asked to quickly straighten up. As a result, a combined irritation of the receptors of the vestibular apparatus is created. People with normal excitability of the vestibular apparatus easily tolerate such a functional load, they do not have significant motor and autonomic reactions. The emergence of strong motor, especially autonomic, reactions indicates a reduced resistance to vestibular stress.

145. In the presence of indications (presence of complaints, special selection, to clarify the diagnosis), additional studies are carried out by radiography, computed tomography, audiometry, tympanometry.

Servicemen of the special-purpose unit assigned, sent for training to special courses in the following specialties: a diving specialist (diver, deep diver) as well as to courses related to parachute jumping, audiometry and tympanometry are mandatory. The presence of perforation of the tympanic membrane, deformation of the nasal septum with difficulty and partially obstructed nasal breathing are not allowed.

Chapter 7. Dermatovenereological examination

146. Dermatovenereological examination begins with a visual examination of the skin, mucous membranes, complaints and anamnesis are studied.

147. Correctly and carefully collected anamnesis is of great importance in the diagnosis of skin and venereal diseases. Finding out the nature of the work of the examined person who has skin diseases will help in the diagnosis of occupational dermatoses. If you suspect skin leishmaniasis, leprosy, phlebotoderma and a number of other dermatoses, it is necessary to find out whether the person being examined, even for a short time, was in those areas where these diseases occur. In the case of complaints of discharge from the urethra, the appearance of erosive and ulcerative elements on the genitals, in the diagnosis, the period indicated by the examined person from accidental sexual contact matters.

148. To diagnose a number of dermatoses, it is necessary to establish the fact of the seasonality of the disease, the connection with the intake of any medications and food.

149. The survey allows in some cases to establish the family nature of the disease, which helps in the diagnosis of scabies, dermatomycosis, hereditary and congenital dermatoses (some forms of keratoses, Darrieus disease), as well as to find out the presence and absence of itching, its intensity, localization, the greatest severity in certain hours of the day.

150. It should be borne in mind that some diseases, for example, nodular pruritus, chronic trichophytosis, systemic scleroderma, erythema nodosum are more common in women, rhinophyma, keloid in men.

151. It is specified when and in what areas the first manifestations of the disease appeared , what changes occurred with them, the nature of the process, the frequency and duration of relapses and remissions (if any), the relationship of rashes with the nature of nutrition and the therapy used in the past, its effectiveness.

152. When examining the skin and rashes, you should use sufficient diffused daylight and good electric lighting. It is necessary to determine the color of the skin and visible mucous membranes, elasticity and extensibility of the skin, turgor of muscles and subcutaneous fat, as well as the condition of the sebaceous and sweat glands, nails and hair, the nature of pigmentation, the presence of scars, nevus formations.

153. Determination of the nature of dermographism - the response of the neurovascular apparatus of the skin to mechanical irritation, which indicates the properties of the vasomotor innervation of the skin under examination - is of no small importance. The appearance of a red strip in response to holding a blunt object over the skin, disappearing without a trace after 2-3 minutes, indicates normal dermographism. Red diffuse dermographism is observed in eczema, psoriasis, white - in patients with pruritus, exfoliative dermatitis, persistent white and mixed, quickly turning into white, in patients with neurodermatitis, urticaria - in patients with urticaria, pruritus.

154. The muscle-hair reflex (goose bumps) is obtained by lightly holding a cold object over the skin. Normally, it lasts 5-10 seconds and then disappears without a trace. The absence of this reflex speaks of a disorder of sympathetic innervation and is observed in patients with ichthyosis, prurigo Gebra. Its increase occurs in patients with diffuse and disseminated neurodermatitis with functional disorders of the central and autonomic nervous system.

155. When leprosy, syringomyelia, pathomimia are suspected, the study of tactile, pain and temperature sensitivity of the skin is often of decisive diagnostic value. It is recommended to describe lesions of the skin and mucous membranes sequentially, adhering to a certain scheme. At first, it is advisable to indicate whether the rash is inflammatory and non-inflammatory in nature. Then it is noted to which group of inflammation the existing rashes can be attributed: to acute inflammatory (with a predominance of the exudative component of inflammation) and neostroinflammatory (with a predominance of the

proliferative component of inflammation). Further, the localization of the rashes is indicated with a description of the preferred arrangement of the elements. In many dermatoses, there is a favorite localization, which, however, is of secondary importance for the diagnosis.

156. Describe the primary and secondary morphological elements of a given examinee, and describe their features: color, border, shape, shape (configuration), surface, consistency, relationship. The boundaries of morphological elements can be clear and indistinct, sharp and unsharp. After describing the shape of the elements - a three-dimensional concept, the doctor indicates, for example, in relation to papules, that they are flat, conical and hemispherical. In outline, the elements are round, oval, polygonal and polycyclic, small-large-scaled. By consistency, the elements can be woody-dense, dense-elastic, soft, pasty.

157. The surface of the elements is smooth, rough, and bumpy. According to the relationship between each other, the elements are isolated from each other and confluent, in the first case they speak of the focal location of the rash. If the rash in its localization resembles circles, semicircles, ovals, arcs, then they speak of the correct grouping of the rash. An incorrectly grouped rash is spoken of if it is located in a certain area, but does not form any geometric shape. A systematic rash is called a rash located along the nerve trunks (with shingles), blood vessels.

158. Primary and secondary morphological elements and their clinical features are the basis for making a dermatological diagnosis. In a number of cases, visual diagnosis is difficult due to the morphological similarity of many dermatoses, and also because a different atypicality is often noted in the clinical picture of classical dermatoses and in their course. In these cases, a dermatovenerologist, after using additional examination methods (palpation, diascopy, scraping of rashes), with the help of appropriate specialists, examine the internal organs and the nervous system, conduct a study of the morphological composition of blood, urine, other general analyzes and special dermatovenerological studies (pathohistological examination of biopsy material, research on fungi, treponema pale, gonococcus, mycobacterium tuberculosis,

159. In case of chronic dermatoses, expert assessment is of great importance for the prevalence and limitedness of skin manifestations, which must be indicated in the diagnosis.

160. Limited forms of skin diseases are understood as single (usually no more than three) lesions of various localization, including in various anatomical areas, with an area up to the patient's palm. In eczema, damage to one of the anatomical areas (foot, lower leg, hand, head) is regarded as limited, even if the focus is more than a palm area.

Chapter 8. Examination of the organ of vision

161. When collecting anamnesis, the features of the patient's vision are clarified, attention is drawn to the past diseases and injuries, both general and the organ of vision, the presence in

the family of hereditary diseases of the organ of vision (congenital nystagmus, hemeralopia). In the course of the conversation, attention is paid to the position and mobility of the eyeballs, the direction of the gaze, the condition of the eyelids, the ciliary edge.

162. The study of eye function begins with less tedious techniques and is carried out in the following sequence.

163. The study of color vision is carried out for all examined with the use of predominantly threshold tables, the use of Rabkin's polychromatic tables is not excluded.

164. The modern classification of color vision forms meets the requirements of color vision examination.

By the degree of sensitivity of color receivers	Variants of color vision forms		
	With a normal distribution of the maxima in the spectrum	With an anomalous distribution of maxima in the spectrum	
Color vision	Severe normal trichromasia	Severe abnormal trichromasia	Protanomaly
			Deuteranomaly

Low vision	I degree II degree III degree	Recipient (weak) trichromasia	Protodeficiency Daydeficiency Tritodeficiency
Color blindness		Dichromasia	Protanopia Deuteranopia Tritanopia
		monochromaticity	

165. The study of color perception using threshold tables is recommended to be carried out under natural lighting and fluorescent lighting. The illumination level ranges from 500 to 1000 lux. Illumination with incandescent lamps and direct sunlight is excluded. The person being examined is positioned with his back to the light source (to the window). Each card should be presented vertically, 1 meter away from the person being examined, right at the level of his eyes.

166. The examined person names and indicates with his hand the direction of the open side of the square: up, down, right, left. The exposure of one test is quite enough for 5 seconds. It is recommended to arbitrarily change the order of exposure of the test tables, and to avoid accidental guessing, it is necessary to present the same table at least three times, changing the position of the open side of the square.

167. In case of incorrect answers for all 11 tables, table 12 is presented, where the colors of the figure and background are selected in such a way that they should be distinguished by all, without exception, examined. This control test is intended to identify possible simulation of color blindness and to demonstrate the examination procedure. The remaining 11 cards represent 3 groups of tests, respectively, for separate testing of the sensitivity of each of the

three color receivers of the eye in its quantitative expression with the maximum sensitivity in the red part of the spectrum (from № 1 to № 4), in the green part of the spectrum (from № 5 to № 8) and in the blue part of the spectrum (from № 9 to № 11).

168. All answers of the examined person are recorded in the Protocol of examination of color vision according to threshold tables, the correct answer is marked with a "+" sign, an incorrect one - with a "-".

Color vision test protocol for threshold tables

Receiver under test		red				green				the control			the control
Card №		one	2	3	four	five	6	7	8	9	ten	eleven	12
Subject's responses in 3X test	1st												
	2nd												
	3rd												

Conclusion _____

Expert ophthalmologist _____

169. Starting to assess the results of the study, it is necessary to bear in mind that the first group of tests (№ 1, 2, 3, 4), designed to identify protodeficiency and protanopia, the second group (№ 5, 6, 7, 8) - deuteronomy and deuteranopia, the third group (№ 9, 10, 11) - tritodeficiency.

170. Confident discrimination of all tests indicates normal trichromasia. Non-discrimination of one of the tests # 1, # 5 and # 9 when recognizing all other tests indicates a slight (I degree) color weakness. Non-discrimination of tests № 1, 2 and № 5, 6, and № 9, 10 is a manifestation of medium (II degree) color weakness. Non-discrimination of tests № 1, 2, 3 and № 5, 6, 7, and № 9, 10, 11 indicates a pronounced (III degree) color weakness. Non-discrimination of tests № 1, 2, 3, 4 is typical for protanopia, tests № 5, 6, 7, 8 - for deuteranopia.

171. Violations of the function of two or even three receivers are quite possible. For example, reduced trichromasia in the form of grade I protodeficiency in combination with grade II deutode deficiency.

172. In general, those who distinguish all the tests have strong trichromasia, those who make at least one mistake have weak trichromasia, and those who are unable to recognize all the tests of one of the groups have dichromasia, color blindness.

173. Visual acuity is tested in all examined persons. It is determined according to the Golovin-Sivtsev table installed in the Roth lighting apparatus. The table should be lit with a 40 watt electric lamp.

The exposure time of each sign is no more than 2-3 seconds.

174. The table is placed on the wall opposite the windows, at a distance of 5 m from the person being examined, so that the bottom lines are at a distance of 120 cm from the floor.

Visual acuity is taken into account according to the row of tables in which the subject reads all the signs. Only when reading rows corresponding to visual acuity of 0.7, 0.8, 0.9, 1.0, an error of no more than 1 character per line is allowed. To avoid overestimated visual acuity, squinting is not allowed during examination. To determine visual acuity below 0.1, Polyak optotypes are used, placed in a conventional lighting device. Each optotype is demonstrated in no less than five different positions, while visual acuity is determined by the optotype that is correctly recognized in no less than four out of five positions.

175. If the correctness of the readings of visual acuity is in doubt, control research methods should be used and repeated studies of visual acuity should be carried out.

176. The degree and nature of the refractive error (determined in all surveyed) and is established in two ways: subjective - by determining visual acuity with correction and necessarily objective - by skiascopy in conditions of cycloplegia with instillation of mydriatics from the group of M-cholinoblockers.

177. In persons over 40 years of age, the instillation of mydriatics is performed after examining the intraocular pressure.

178. Determination of the closest point of clear view (volume of accommodation) using test font for reading № 4 of the Golovin-Sivtsev table is carried out for medical reasons for persons whose nature of service imposes increased requirements on the state of visual functions. The obtained results of the study should be compared with the age norms.

179. Examination of visual fields is carried out on the perimeter (simple and projection) for medical reasons.

180. Campimetry is carried out for medical reasons. The study of night vision (dark adaptation) is carried out for persons whose service requires prolonged eye strain at night.

181. Studies of the anatomical state of the organ of vision are carried out by all examined in a certain sequence. First, the state of the protective apparatus of the eyes is determined. At the same time, attention is paid to the condition of the eyebrow area, the shape and uniformity of the eye slits, the position and condition of the eyelids, eyelashes, intermarginal space, the nature of the surface and color of the eyelid conjunctiva, the presence of scars on it.

182. When examining the lacrimal apparatus, it is necessary to take into account the position and severity of the lacrimal openings, the state of the lacrimal sac by pressing on its area. If you suspect a violation of lacrimation and with lacrimation, it is necessary to check the function of lacrimation using a colored tubular and lacrimal test (3% collargol solution, 2% fluorescein solution).

183. Upon receipt of a negative and delayed sample, the anatomical patency of the lacrimal passages for fluid should be checked.

184. The conclusion about the condition of the anterior segments and the refractive media of the eye is made after examination under lateral illumination, in transmitted light and examination with a slit lamp.

185. Examination of the fundus is carried out in all patients examined under conditions of partial cycloplegia with instillation of mydriatics from group M - anticholinergics using a mirror ophthalmoscope (reverse ophthalmoscopy) and, if necessary, using an electric ophthalmoscope, a large reflex-free ophthalmoscope and a slit lamp.

186. When examining the oculomotor apparatus, attention is paid to the mobility of each eye separately and to binocular movements in order to identify strabismus, nystagmus, and the state of convergence. The degree of strabismus is determined using a perimeter arc with a candle and is expressed in degrees, as well as using the Meddox scale. It is convenient for practical purposes to measure the angle of strabismus using the Hirschberg method with a mirror ophthalmoscope. The magnitude of strabismus is estimated in degrees by the position of the light reflex on the cornea. If the reflex from the ophthalmoscope is located along the edge of the pupil, then the strabismus angle is 15 degrees, if in the middle of the iris it is 25-30, on the limb - 45, behind the limb - 60 or more degrees.

187. In case of complaints of diplopia, which is not accompanied by a noticeable limitation of the mobility of the eyeball, studies of double images with red glass are carried out.

188. When nystagmus is detected, its nature and origin should be established. In cases where there is no reason to consider eye pathology as the cause of nystagmus, consultation with a neurologist and otorhinolaryngologist is necessary. Installation nystagmus is not a contraindication to service.

189. Research of pupillary reactions is carried out in all examined persons. Binocular vision is determined in persons whose service requires prolonged eye strain and for medical reasons. Determination of binocular vision is carried out on a large diploscope, color test (using polaroid glasses).

190. Examination of intraocular pressure by palpation is carried out in all examined subjects. All persons over 40 years of age need to perform tonometry using a Maklakov tonometer.

Chapter 9. Examination of the oral cavity and jaws

191. Examination of the oral cavity and jaws consists of identifying complaints, assessing their nature, collecting anamnesis, clinical and functional studies. The nature of the diseases, injuries and operations of the maxillofacial region is being examined in the examined person.

192. Objective research begins with an assessment of posture, the position of the trunk, head and legs in relation to the vertical plane. Then they proceed to an external examination of the face in order to detect possible defects, deformities, scars, fistulas, asymmetry. The examination of the lymph nodes of the submandibular region and the neck is carried out by palpation with a slightly lowered position and when turning the head.

193. The oral cavity is examined in two stages: first with closed jaws (lips, vestibule of the mouth, bite), and then the oral cavity itself (teeth, periodontium, mucous membrane and

tongue, palate). When examining teeth and oral organs, dental mirrors, dental tweezers and diagnostic probes are used. The function and condition of the temporomandibular joint are examined by palpation, and, if necessary, using radiological and functional methods.

194. During a medical examination, the main functions of the organs of the dentoalveolar system are also investigated: breathing, speech, swallowing, chewing. Chewing dysfunction is expressed in a change in the phases of chewing, uneven distribution of chewing pressure, an increase in the number of chewing movements and a lengthening of the time for chewing food.

195. Compensation for impaired chewing function becomes difficult after a decrease in chewing efficiency by 40%.

196. In necessary cases, the degree of loss of chewing efficiency is established using conditional coefficients according to NI Agapov. In this case, the chewing power of all teeth is taken as 100%, including the power of each tooth is expressed by the following digital values: lateral incisor - 1%, central incisor - 2%, canine - 3%, premolars - 4%, first molar - 6%, second molar - 5%. The degree of preserved chewing efficiency with partial loss of teeth is established by subtracting from 100% the sum of the coefficients of missing teeth and their antagonists. Third molars are not taken into account.

197. When revealing the chewing efficiency of the dentition according to this technique, not only the absence of a tooth is taken into account, but also the loss, in this regard, the functions of its antagonist.

198. When assessing the chewing efficiency of the preserved teeth, the state of the periodontium is also taken into account. With pathological mobility of the 1st degree, the value of teeth decreases by 1/4, with mobility of the 2nd degree - by 1/2, and teeth with mobility of the III degree and with destroyed crowns, which are not subject to treatment and filling, are considered absent.

199. In order to assess the chewing efficiency after operations, injuries and complex prosthetics, the methods of Gelman, Rubinov are used (graphic registration of the chewing movements of the lower jaw using a masticiograph).

200. An objective examination of the oral cavity and teeth consists of examination, palpation and percussion. In necessary cases, electroodontodiagnostics, examination of teeth and periodontium in transmitted light, Pisarev-Schiller application tests are used.

201. The closure of the dentition in the central occlusion (bite) is determined in three mutually perpendicular planes (sagittal, vertical and horizontal). In case of bite anomalies, the type, as well as the degree of the anomaly, is established using linear measurements of the shift of the dentition. Anomalies of occlusion of the I degree include cases of a shift in the dentition up to 5 mm, II degree - from 5 to 10 mm, III degree - over 10 mm. This value in millimeters is indicated in parentheses after the degree of anomaly.

202. In the absence of teeth, revealed their pathology in the act of medical examination, the card of the applicant for study must indicate the dental formula indicating the amount of carious, filled and extracted teeth (KPU).

10. Gynecological examination

203. Gynecological examination includes clarification of complaints, study of anamnesis, heredity, previous diseases (including gynecological), sexual activity, the nature of menstrual-ovarian function, examination of the external and internal genital organs.

204. During gynecological examination, manual examination and instrumental methods are used. The most important method of gynecological examination is a bimanual examination, which makes it possible to objectively judge the state of the uterus (position, size, shape, consistency, degree of mobility), uterine appendages and sacro-uterine ligaments.

205. When gynecological examination is carried out: examination of the external genital organs, vagina and cervix with the help of gynecological mirrors (spoon-shaped - Simpson, folding - Cuzco), vaginal examination, vaginal-abdominal and vaginal-rectal examinations, probing of the uterus, puncture of the posterior fornix , biopsy from the cervix, taking an aspirate from the uterine cavity, chromodiagnostics (color reaction of the cervical mucosa), cytology and smear determination for the degree of purity, colposcopy.

206. Gynecological examination is performed on a gynecological chair, with the patient's legs lying on a support, buttocks on the edge of the chair.

External gynecological examination. When examining the external genital organs, the degree and nature of the hair cover, the development of the labia minora and the labia majora, the condition of the perineum, the presence of pathological processes (inflammation, swelling , ulceration, condyloma, pathological discharge) are taken into account. Pay attention to the gaping of the genital fissure, whether there is prolapse or prolapse of the vagina and uterus (when straining). A pathological condition in the area of the anus (varicose nodes, cracks, condylomas, discharge of blood and pus from the rectum). An examination of the vulva and the vaginal opening is carried out, taking into account their color, the nature of the secretion, the presence of pathological processes (inflammation, cysts, ulceration), the state of the external opening of the urethra and excretory ducts of the Bartholin glands, the hymen.

207. Research with the help of gynecological mirrors - performed after examination of the external genitalia. Introducing the speculum into the vagina, examine the mucous membrane of the vagina and cervix. At the same time, attention is paid to the color of the mucous membrane, the nature of the secretion, the size and shape of the cervix, the state of the external pharynx, the presence of pathological processes in the cervix and vagina (inflammation, trauma, ulceration and fistula).

208. Vaginal examination. The condition of the pelvic floor is determined, the area of the Bartholin glands is palpated, and the urethra is probed from the side of the anterior wall of the vagina. The condition of the vagina is determined: volume, extensibility of the mucous

membrane, the presence of pathological processes (infiltrates, scars, stenoses, tumors, malformations). Reveal the features of the vaginal vault (depth, mobility, soreness). Further examines the vaginal part of the cervix, size (hyperplasia, hypertrophy), shape (conical, cylindrical, deformed by scars, tumors, condylomas), surface (smooth, bumpy), consistency - (normal, softened, dense), position relative to the pelvic axis (directed anteriorly, posteriorly, left, right), the state of the external pharynx (closed, open, round, transverse, slit, gaping), cervical mobility and the presence of ruptures.

209. Two-handed (vaginal-abdominal, bimanual) examination is the main method for recognizing diseases of the uterus, appendages, pelvic peritoneum and tissue. Carried out after removing the mirrors. The index and middle fingers of one gloved hand are inserted into the vagina, the other hand is placed on the anterior abdominal wall. First, it examines the uterus, palpation determines its position, size, shape, consistency, mobility and soreness. After completing the examination of the uterus, examines the appendages. Normal tubes are usually not palpable, healthy ovaries can be found with sufficient experience of the researcher , they are defined on the side of the uterus in the form of small oblong formations. With inflammation, with tumors, you can feel the round main and sacro-uterine ligaments.

210. Rectal (rectal) and rectal-abdominal examination is used in girls with atresia, aplasia, vaginal stenosis, additionally used in the following pathological processes: inflammatory diseases, rectal discharge, fistulas, cracks, abrasions.

211. Rectal-vaginal examination - is used in the presence of pathological processes in the wall of the vagina, rectum, in the surrounding tissue.

Appendix 3 to the Rules
military medical expertise
in the National Guard
Republic of Kazakhstan

The form

Place for photography
(official seal of the military unit)

Citizen's medical examination card,
entering a military educational institution

1. Surname, name, patronymic (if any), date of birth

_____

_____

(indicate military rank for a soldier)

2. Place of residence (address) _____

(for military personnel - the address and code name of the military unit)

3. Past diseases in the last 12 months

_____

_____

_____

4. Information about intolerance (hypersensitivity)
medicines and other substances _____

_____

5. Information about staying in dispensary registration (observation)

_____

_____

_____

6. Survey results:

	Preliminary medical examination "___" _____ 20___	Final medical clearance "___" _____ 20___
1	2	3
Complaints and anamnesis		
General blood analysis		
Microprecipitation reaction (microreaction) to syphilis		
General urine analysis		
X-ray of the paranasal sinuses		
ECG - research		
Chest fluorography		
Study of feces for helminth eggs		
Blood test for markers of viral		

hepatitis B and C						
Blood test for HIV infection						
Other studies						
Height / body weight						
Hand dynamometry (right / left hand)						
Back dynamometry						
Therapist						
Endocrine system						
The cardiovascular system						
Functional test	at rest	after load	after 2 minutes	at rest	after load	after 2 minutes
pulse per minute						
arterial pressure						
Respiratory system						
Digestive organs						
Kidney						
Spleen						
Diagnosis						
Conclusion						
Date, signature, surname, initials of the doctor						
Surgeon						
The lymph nodes						
Musculoskeletal system						

Peripheral vessels		
Genitourinary system		
Anus and rectum		
Diagnosis		
Conclusion		
Date, signature, surname, initials of the doctor		
Neuropathologist		
Cranial nerves		
Motor sphere		
Reflexes		
Sensitivity		
Autonomic nervous system		
Diagnosis		
Conclusion		
Date, signature, surname, initials of the doctor		
Psychologist		
Data and output:	MMEP _____ SOT (Ravena) _____ Luscher _____ psycho-functional diagnostics _____ _____ _____ Output_____	MMEP _____ SOT (Ravena) _____ Luscher _____ psycho-functional diagnostics _____ _____ _____ Output_____
Date, signature	Conclusion PPR № _____ from "___" _____ 20___ _____ / _____ (signature) (surname and initials)	Conclusion PPR № _____ from "___" _____ 20___ _____ / _____ (signature) (surname and initials)
Psychiatrist		
Perception		
Intellectual and		

mnestic sphere				
Emotional-volitional sphere				
Diagnosis				
Conclusion				
Date, signature, surname, initials of the doctor				
Oculist				
	right eye	left eye	right eye	left eye
Color perception				
Visual acuity without correction				
Corrected visual acuity				
Refraction skiascopic				
Binocular vision				
Closest point of clear view				
Lacrimal ways				
Eyelids and conjunctiva				
Position and mobility of the eyeballs				
Pupils and their reactions				
Optical media				
Ocular fundus				
Diagnosis				
Conclusion				

Date, signature, surname, initials of the doctor				
Otorhinolaryngologist				
Speech				
Nasal breathing	on right	left	on right	left
Perception of whispered speech				
Ear barofunction				
Functions of the vestibular apparatus				
Smell				
Diagnosis				
Conclusion				
Date, signature, surname, initials of the doctor				
Dentist				
Bite				
The mucous membrane of the mouth				
Teeth				
Gums				
Diagnosis				
Conclusion				
Date, signature, surname, initials of the doctor				
Dermatovenereologist				
Diagnosis				
Conclusion				

Date, signature, surname, initials of the doctor		
Other specialist doctors		
Diagnosis, conclusion, date, signature, surname, initials of the doctor		

7. Conclusions of military medical commissions (hereinafter - MMC):

1) with a preliminary medical examination of the MMC

_____

(indicate the name of the MMC)

on the basis of clause ___ sub-clause ___ columns ___ Requirements for the conformity of the state of health of persons for service in the Armed Forces, other troops and military formations of the Republic of Kazakhstan (hereinafter - Requirements).

_____

S.P. Chairman of the Commission _____

(military rank, signature, initials of name, surname)

Secretary of the Commission _____

(military rank, signature, initials of name, surname)

Commission mailing address:

_____

2) at the final medical examination of the MMC

_____

(indicate the name of the MMC)

on the basis of clause ___ sub-clause __ columns ___ Requirements.

_____

S.P.

Head of the Commission _____

(military rank, signature, initials of name, surname)

Secretary of the Commission _____

_____

(military rank, signature, initials of name, surname)

Commission mailing address:

_____

military medical expertise
in the National Guard
Republic of Kazakhstan

The form

Book of minutes of meetings of the military medical commission _____

_____

(name of the military medical commission (hereinafter - MMC)

№	Military rank, surname, name, patronymic (if any), year of birth, position, place of service, number and date of referral	Diagnosis and conclusion on the causal relationship of the disease, injury (results of special examinations, if necessary)	The conclusion of the MMC on the category of fitness for military service, paragraphs and columns of the Requirements for the state of health of citizens for service in the Armed Forces of the Republic of Kazakhstan, other troops and military formations of the Republic of Kazakhstan
1	2	3	4

Appendix 5 to the Rules
military medical expertise
in the National Guard
Republic of Kazakhstan

Footnote. Annex 5 as amended by the order of the Minister of Internal Affairs of RK dated 29.09.2022 № 775 (shall enter into force upon expiry of ten calendar days after the date of its first official publication).

The form

Help, certificate of illness (cross out unnecessary)
received _____ copies
_____ / _____
(signature) (position, surname and initials are legible)
"____" _____ 20__

_____

_____

the name of the military medical commission (hereinafter - MMC)

Medical Certificate № _____

1. Surname, name, patronymic (if any) _____

_____

2. Date of birth _____
3. Education _____

4. Civilian profession, specialty _____

5. Military service in the Armed Forces: served from _____ to _____

(yes, no) (month, year)

Reason for dismissal _____

6. In the bodies of the Ministry of Internal Affairs (hereinafter - the Ministry of Internal Affairs), the National Security Committee,

Ministry of Defense (hereinafter - MD), National Guard of the Republic of Kazakhstan (hereinafter –

NG) (except for military service) or in other law enforcement agencies (add) served

from _____ to _____

_____

(well no) (month year)

Reason for dismissal _____

__

7. Current place of work (service), position (in full)

_____

____

Special, military rank _____

8. How long you have been sick in the last 12 months _____

When and where treated _____

Has a person been recognized with disability _____ what group _____ from _____ __ to _____

What disease _____

For what disease _____

9. Have you previously passed the commission (Central MMC of the Ministry of Internal Affairs or MMC of the Police Departments,

MMC MD, MMC NG) _____ in which year _____, where

_____

(well no)

10. I consider myself to be offered or further service _____

(good, bad)

11. Home address and telephone number (cell) _____

_____

___

I undertake to provide the MMC with a military ID (for military personnel), service identity card, identity card and medical documents I have about

treatment, medical examination. Correctness of all reported

I confirm my information with my own signature _____ "___" _____ 20 __

(signature)

Items 12 and 13 are filled out by the medical registrar of MMC NG

12. Information from the service certificate: series and number ____ date of issue ___ issued by

_____ title (qualification class) _____

_____

__

position _____

13. Information from the military card (certificate of registration): series and number ___ date of issue

_____, issued by _____, shelf life _____ _____ article _____

order _____ № ___ "___" _____ 20___ rank _____,

service life _____ "__" _____ 20___

Checked by the secretary of MMC NG _____

Objective research data

1. Surgeon. Anthropometric data: Height _____ cm.Weight _____ kg.

Chest circumference: calm _____, inhale _____, exhale _____.

Spirometry _____.

Dynamometry: right hand _____, left hand _____, dead _____.

Complaints: _____

_____

_____

Anamnesis (trauma, surgery, where he was treated) _____

_____

General physical development _____

Skin and visible mucous membranes _____

The lymph nodes_____

Muscular system _____

Skeletal system and joints _____

_____

_____

Thyroid_____

Peripheral vessels _____

Urogenital system _____

Rectally _____

Diagnosis:_____

_____

_____

Surname, name, patronymic (if any) of the surgeon, date, signature

_____

_____

_____

2. Otorhinolaryngologist. Complaints _____

_____

Anamnesis (what diseases, injuries, where were they treated)

_____

Speech defects _____

_____

Pharynx, larynx _____

	on right	left
Condition of the nasal passages		
Nasal breathing		
Smell		
The condition of the tympanic membranes		
Hearing acuity for whispering		
Ear barofunction		

Vestibular function (double experience with OP rotation)

_____

_____

Diagnosis:_____

_____

Surname, name, patronymic (if any) of the otorhinolaryngologist surgeon, date, signature

_____

_____

_____

_____

_____

_____

3. Oculist.

Complaints

_____

_____

_____

_____

Anamnesis (diseases, operations, where he was treated)

_____
_____
_____
_____
Color perception (according to Rabkin)
_____
_____
Right eye Left eye
Visual acuity without correction _____ _____
_____
Corrected visual acuity _____ _____
__
Refraction skiascopic _____ _____
_
Closest point of view _____ _____
Locomotor apparatus _____ _____
_____
Lacrimal ducts _____ _____
_____
Eyelids and conjunctiva _____ _____
_____
Position and mobility
eyeballs _____ _____
__
Pupils and their reaction _____ _____
_____
Optical media (anterior eye segments and deep sections)
_____ _____
Ocular fundus _____ _____
_____
Fields of view _____
_____

Binocular vision

_____
_____

Diagnosis_____
_____

_____
_____

Surname, name, patronymic (if any) of the optometrist, date, signature _____
_____

_____
_____

4. Dentist. Complaints, anamnesis

_____
_____

_____
_____

! Formula --------- 8 7 6 5 4 3 2 1! 1 2 3 4 5 6 7 8 Bite_____!

Mucous membrane, gums

_____
_____

Diagnosis_____
_____

_____
_____

Surname, name, patronymic (if any) of the dentist, date, signature _____
_

_____
_____

Dermatovenereologist.

Complaints _____
_____

Anamnesis _____
_____

_____
_____

Objective data _____

_____
_____

Diagnosis_____
_____

(prevalence, form, stage, frequency of exacerbations)

_____

_____

_____

Surname, name, patronymic (if any) of the dermatovenerologist, date, signature

_____

_____

5. Neuropathologist.

omplaints _____

_____

_____

_____

_____

Anamnesis (what diseases, injuries, where were they treated)

_____

_____

_____

_____

Cranial nerves _____

Peripheral nerves _____

___

Reflexes _____

_____

Sensitivity_____

_

_____

_____

Autonomic nervous system _____

_____

_____

_____

_____

Diagnosis _____

_____

_____

_____

Surname, name, patronymic (if any) of the neurologist, date, signature

_____

_____

_____

7. Psychophysiological research.

MMEP _____

_____

Ravena (SOT) _____

_____

Luscher _____

_____

Psycho-functional diagnostics _____

__

Additional methods _____

_____

_____

_____

Conclusion № _____ dated _____ 20_____

Recommended (not recommended) _____

_____

Note_____

__

Surname, name, patronymic (if any) of the psychologist, date, signature

_____

_____

8. Psychiatrist. Complaints _____

_____

Anamnesis (diseases, bad habits, loss of consciousness, seizures) _____

_____

_____

_____

_____

Status _____ Consciousness _____ Attention _____

_____

Memory_____

_____

Thinking_____

_____

Intelligence_____
_____

Emotional-volitional sphere

_____
_____

_____
_____

Conclusion

_____
_____

_____
_____

Surname, name, patronymic (if any) of the psychiatrist, date, signature

_____
_____

_____
_____

9. Therapist. Complaints

_____
_____

_____
_____

Anamnesis (past diseases, where they were examined, treated) _____
_____

_____
_____

_____
_____

Food _____
_____

Skin _____

Visible mucous membranes _____
_____

Endocrine system _____
_____

_____
_____

Heart: boundaries _____
_____

_____
_____

Tones _____
_____

_____
_____

Remeasurement dates	"____" _____ 20__ .			"____" _____ 20 ___			"____" _____ 20___ .		
Measurement conditions	Sitting alone	After 15 squats	After 2 min.	Sitting alone	After 15 squats	In 2 minutes	Sitting alone	After 15 squats	After 2 min.
Pulse									
Arterial pressure									
Respiratory rate per minute									

Respiratory system

_____
_____

_____
_____

Digestive organs

_____
_____

Liver _____ Spleen

Kidneys _____
_____

_____
_____

Diagnosis

_____
_____

Surname, name, patronymic (if any) of the therapist, date, signature

_____
_____

10. Gynecologist. Complaints

_____
_____

_____

Anamnesis (diseases, operations) _

_____

Diagnosis_____

Surname, name, patronymic (if any) of the gynecologist, date, signature

_____

1. Data of X-ray examination, laboratory, functional and other research and consultation: _____

_____

_____

Diagnoses of diseases and their causation _____

_____

_____

Conclusion of the MMC _____

Based on paragraph _____ columns

Requirements for the conformity of the state of health of persons for service in Armed Forces of the Republic of Kazakhstan (order _____ dated _____20____, № _____

_____

(indicate the conclusion of the commission)

_____

Needs, does not need an accompanying person (cross out unnecessary).

Note_____

_____

_____

Head of the Commission: _____

_____

Official seal _____

_____

(name of the commission, rank, signature, surname and initials)

Medical experts: _____

_____

_____

_____

"_____" _____ 20___

Corner stamp
military medical institution
(military medical commission)

Appendix
6 to the Rules of Conduct
military medical expertise
in the National Guard
Republic of Kazakhstan

The form

Certificate of injury (injury, trauma, contusion)

_____

**(military rank, surname, name, patronymic (if any),
date of birth, injured)**

_____

"____" _____ 20 ____ _____

_____

_____

(indicate the circumstances under which it was received

_____ injury

(injury, trauma, contusion) and its localization)

_____
__
_____
__
_____
__
_____
__
_____
__
_____
__

Injury (wound, trauma, contusion) received: 1) in the performance of military service duties,

2) as a result of an accident not related to the performance of duties of military service (underline as appropriate).

Certificate issued for submission _____

name of the institution, organization where the certificate is submitted)

Commander (chief) _____

(military rank, signature, initials of name, surname)

S.P

rner stamp

military medical institution

military medical commission)

Appendix 7
to the Rules of Conduct
military medical expertise
in the National Guard
Republic of Kazakhstan

The form

Certificate of medical examination № ___
"____" _____ 20 ___ by the military medical commission

_____

(name of MMC)

towards_____

certified: (indicate official, date, document number, purpose and reason for referral)

1. Surname, name, patronymic (if any)

_____

2. Date of birth _____, in the Armed Forces from _____
(month and year)
3. Military rank _____
4. Position held _____
5. Specialty _____
6. Military unit _____
7. Drafted (entered under the contract) for military service _____
_____
(indicate the department (department) for defense affairs, month and year of conscription, enrollment in military service under the contract)
8. Information about the service activity of a serviceman (to be filled in when determining fitness for military service)
_____
__
(indicate information according to the document submitted from the military unit (institution):
the influence of the state of health on the performance of the duty of military service, the attitude of the soldier
to the continuation of military service and the opinion of the command about the advisability of retaining a soldier in military service)
9. Conclusion of the MMC:
1) diagnosis _____
_____
2) the causal relationship of the disease, injury (injury, trauma, contusion):
_____ on the basis of clause _____ of the Rules for conducting military medical examination,
approved by order _____ dated "___" _____ 20___ № ____
3) category of fitness for military service (fitness for military service):
_____
____ based on clause ___
subparagraph ___ of columns _____ Requirements for the conformity of the state of health of persons for service in the Armed Forces,
other troops and military formations of the Republic of Kazakhstan, approved by order __
_____ of "___" _____ 20___ № ____.
S.P
Head of the Commission _____
_____
(military rank, signature, initials of name, surname)

Commission members: _____
_____
(military rank, signature, initials of name, surname)
_____
_____
_____
_____
Secretary of the Commission _____
_____
(military rank, signature, initials of name, surname)
Commission mailing address _____
_____
_____
_____
(name of the military medical commission)

Appendix 8
to the Rules of Conduct
military medical expertise
in the National Guard
Republic of Kazakhstan

Corner stamp
military medical institution
(military medical commission)

Map of the sanitary and hygienic characteristics of the working conditions and workplace of a specialist

1. Surname, name, patronymic (if any)
_____
_____
2. Age (full years) _____
__
3. Military rank _____
___
4. Military unit _____
____
5. Military registration specialty _____
____
6. Service in the military accounting specialty (including in this military unit) _____
____
_____
(years, months)

7. Compliance with protective measures:

1) individual _____

_____

(respected, not respected)

2) collective _____

_____

(respected, not respected)

№	Workplace name	Work performed	Characteristics of the main occupational hazard			Additional factors, name in units of measurement, duration of exposure per work shift, month, year	Note
			Occupational hazard name	Quantity (concentration, level, quantity) in units. measurements	Additional factors, name in units of measurement, duration of exposure per work shift, month, year.		
1	2	3	4	5	6	7	8

9. Conclusion on the impact on the body of occupational hazard (systematically, periodically, in extreme conditions)

_____

_____

_____

_____

Commander (chief)	Head of Medical Service	Medical specialist of a sanitary and epidemiological institution
_____	_____	_____
(military rank, signature,	(military rank, signature,	(military rank, signature,
_____	_____	_____
initial of first name, last name)	initial of first name, last name)	initial of first name, last name)
_____	_____	

Explanation for filling:

1. The map contains data that are not classified higher than "for official use".

2. The value of the factor is indicated on the basis of the data of the act of examination of the workplace (object) by the doctors of the sanitary-epidemiological institution, the sanitary passport of the object and the register of measurements of the levels (concentrations) of these factors.

Column 5 records the minimum and maximum values of the factors.

Column 8 indicates the emergency situation, indicating the number and date of the investigation, as well as other circumstances that were not taken into account in the card.

Appendix 9
to the Rules of conduct
military medical expertise
in the National Guard
Republic of Kazakhstan

Corner stamp
military medical institution
(military medical commission)
The form

Minutes of the meeting of the staff (freelance) military medical commission № ____
"____" _____ 20____ (by definition of the causal relationship of injury, disease)

1. Reviewed _____
(indicate the number of the appeal, letter, complaint, application, date of the document, from whom it was received, on what issue)

2. Reviewed documents (list all reviewed documents, indicating their date, number: identification, on the passage of military service, archival, medical and other documents):

one) _____
_____

2) _____
___

3) _____
___

3. Installed:

Surname _____
___

Name _____
____

Patronymic (if any) _____

Date of Birth _____
_

Military rank _____

Data on the passage of military service (military training) in the Armed Forces:

_____
_____

(indicate the day, month, year of entry into military service, by whom he was called up or selected, the period

participation in hostilities, in armed conflicts, the army, in works to eliminate the consequences of the accident at

Chernobyl nuclear power plant, in radiation risk zones)

Military unit and the period of military service

_____

_____

4. Date and grounds for dismissal: _____

_____

5. Justification of the conclusion of the MMC on the issue under consideration: _____

_____

_____

_____

a) Diagnosis: _____

_____

b) causal relationship _____

_____

c) the severity of the injury _____

_____

Doctor - expert _____

_____

(surname, initials, signature)

6. Conclusion of the regular MMC: _____

_____

_____

_____

_____

a) Diagnosis: _____

_____

b) causal relationship _____

_____

c) the severity of the injury _____

_____

7. Results of voting by members of the commission:

"FOR" - _____ "AGAINST" - _____ (The dissenting opinion of the commission members is attached to the minutes)

Head of the Commission _____

_____

(military rank, signature, initials of name, surname)

Commission members _____

_____

(military rank, signature, initials of name, surname)

The conclusion of the full-time (freelance) MMC sent

_____

_____

(indicate address, date, ref. №)

Documents filed in file number _____ volume _____ page _____

_____

Secretary of the Commission _____

_____

(signature, initials of name, surname)

Corner stamp
military medical institution
(military medical commission)

Appendix 10
to the Rules of Conduct
military medical expertise
in the National Guard
Republic of Kazakhstan

The form

Conclusion of the full-time (freelance) military medical commission about the causal relationship of the disease, injury

Disease, _____

___

(military rank, surname, name, patronymic (if any)

_____, _____

_____,

(year of birth)

_____ _____

_____

(disease diagnoses)

_____

_____

_____,

_____

_____

(causal relationship of the disease)

Minutes № ____ dated "___" _____ 20 ___.

Head of the Commission _____
_____

_____
_____

(military rank, signature, initials of name, surname)

S.P.

(official seal of the institution)

Note: issued only once, use copies.

Corner stamp

military medical institution

(military medical commission)

Appendix 11
to the Rules of Conduct
military medical expertise
in the National Guard
Republic of Kazakhstan

The form

List of injuries (injuries, traumas, contusions) related to minor or severe

1. In accordance with medical signs (criteria) of harm to health, diseases, injuries (injuries , injuries, contusions) are divided into mild and severe degrees of severity.

2. Light wounds include wounds, contusions and injuries without pronounced and persistent anatomical changes with minor dysfunction.

These include:

1) wounds that do not penetrate into the cavities, and injuries without damage to internal organs, joints, tendons, large nerve trunks and major blood vessels;

2) partial rupture of the ligaments of the joints;

3) uncomplicated joint dislocations;

4) traumatic amputation of one of the fingers - III, IV or V; contracture of the IV or V finger of the hand;

5) amputation of all or individual toes of one foot;

6) closed injuries of individual pelvic bones (fractures of the ridge or wing of the ilium, one pubic or one ischial bone) without violating the integrity of the pelvic ring, internal organs, large vessels and nerves;

7) isolated closed fractures of the bones of the foot, hand, one or two ribs, one clavicle, one of the bones of the forearm, fibula with good consolidation;

8) frostbite of I-II degree;

9) burns of I degree, not exceeding 40%, II-III degree - not more than 10% of the body surface;

10) the presence of foreign bodies in the cornea, conjunctiva and non-penetrating eye injuries with temporary visual impairment; 1st degree eye burns;

11) closed skull injury with concussion, closed spinal cord injury;

12) bruises and injuries of the soft tissues of the face, accompanied by fractures of the teeth, closed fractures of the bones of the nose, partial separation of the wing of the nose, partial separation of the auricle; closed fractures of the jaws.

3. Severe wounds, contusions, traumas, injuries and illnesses that have caused pronounced anatomical changes and significant functional impairments that have led to the limitation of fitness or unfitness for military service are classified as serious:

1) penetrating wounds to the skull, including those without brain damage; open and closed fractures of the bones of the vault and base of the skull; cerebral contusion of moderate and severe degree, both with and without compression of the brain; epidural, subdural and subarachnoid intracranial hemorrhage;

2) open and closed injuries of the spine and spinal cord;

3) penetrating wounds of the pharynx, larynx, trachea, esophagus; closed fractures of the cartilage of the larynx and trachea;

4) chest wounds penetrating the pleural cavity, pericardial cavity or mediastinal tissue, including without damage to internal organs;

5) wounds of the abdomen, penetrating into the peritoneal cavity, including without damage to internal organs; injuries of the retroperitoneal organs (kidneys, adrenal glands, pancreas);

6) closed injuries of the organs of the chest or abdominal cavity, the pelvic cavity, as well as the organs of the retroperitoneal space;

7) fractures of the long bones - humerus, femur, tibia, both bones of the forearm;

8) multiple fractures of the pelvic bones;

9) injuries and trauma with damage to the genitourinary organs;

10) thermal burns of the 1st degree with a lesion area exceeding 40% of the body surface; burns of II-III degree more than 10% of the body surface; burns of the IV degree, as well as burns of a smaller area, accompanied by shock; burns of the respiratory tract with symptoms of edema and narrowing of the glottis;

11) poisoning and burns by chemical compounds (concentrated acids, caustic alkalis, components of rocket fuel), which caused, in addition to local, general toxic effects;

12) frostbite of III-IV degree;

13) penetrating wounds and eye trauma with rupture of membranes and loss of vision; eye burns of the II-IV degree; complete persistent blindness in one or both eyes or decreased vision to counting the fingers at a distance of 2 meters or less (visual acuity 0.04 or less);

14) injury and trauma to the organ of hearing with persistent deafness in both ears, pronounced vestibular disorders;

15) injuries and damage to the soft tissues of the face, bones of the facial skeleton with persistent disfigurement;

16) injuries and trauma of soft tissues, muscles of the limbs, leading to persistent dysfunction of the limbs;

17) injuries or trauma that led to the development of shock or massive blood loss, clinically pronounced fat or gas embolism, traumatic toxicosis with symptoms of acute renal failure;

18) wounds and closed injuries of large joints, large nerve trunks, major blood vessels;

19) loss of any organ or loss of its functions by an organ (loss of language or speech, arms , legs or their loss of functions, loss of productive capacity);

20) injuries associated with the impact of professional factors of performance.

Appendix 12
to the Rules of Conduct military medical
examination in the National Guard
Republic of Kazakhstan

The form

Journal of registration of conclusions of psycho-functional diagnostics № _____

№ date	Surname, name, patronymic (if any) date of birth	Place of service (study) and position	In connection with what is being diagnosed	results	conclusion

Appendix 13
to the Rules of Conduct military medical
examination in the National Guard
Republic of Kazakhstan

The form

Corner stamp
(military medical commission)

_____
(name of the military medical commission)

Psychophysiological research record card

_____
(the date)

Surname, name, patronymic (if any) _____
___

_____
_____

gender _____

Date of birth _____ Marital status _____

Military service _____

_____

Education, specialty _____

Nationality _____

Previous place of work, position _____

_____

Prospective place of work, position _____

_____

_____

PPL conclusion _____

_____

_____

_____

_____

_____

_____

_____

Downside

MMI L		L	F	TO	1	2	3	4	5	6	7	8	9	0

"Progressive
Raven Matrices "(SOT) _____

_____

Findings: _____

_____

Psychologist:

Head of PPL: _____

The date _____

Appendix 14
to the Rules of Conduct military medical
examination in the National Guard
Republic of Kazakhstan
The form

Corner stamp
(military medical commission)

_____

(name of the military medical commission)

Conclusion № _____ based on the results of psychophysiological research

Surname, name, patronymic (if any), year of birth _____

_____

entering _____

(name of educational institution, military unit)

Survey results:

	L	F	K	1	2	3	4	5	6	7	8	9	0
100													
90													
70													
50													
30	L	F	K	1	2	3	4	5	6	7	8	9	0

MMIL: _____

_____

Amount + K _____

__

Raven's test: _____

Luscher test: _____

Additional methods:

_____

_____

Findings: _____

_____

_____

_____

Psychologist_____

_

Head of PPL _____

_____

The date _____

Appendix 15
to the Rules of Conduct military medical
examination in the National Guard
Republic of Kazakhstan
The form

Journal of registration of the conclusions of psychophysiological research № _____

№ date	Surname, name, patronymic (if any) date of birth	Place of service (study) and position	In connection with what is the PPR	PPR results	additional techniques, note	P P R conclusion

1	2	3	4	5	6	7

Appendix 16
to the Rules of Conduct military medical
examination in the National Guard
Republic of Kazakhstan
The form

Requirements for the design and equipment of a classroom for a group psychophysiological study

1) usable area of at least 30 - 40 square meters with a height of at least 2.8-3 meters;
2) isolated from sources of noise, vibration, radiation;
3) it is advisable to have walls in light blue and light green tones;
4) a floor that is in harmony with the color of the walls (linoleum on a soft base);
5) the illusion of a large open space is provided;
7) the office should not be oversaturated with small details and objects that interfere with tuning in to work;
8) in the classroom there are up to 10 tables for testing on forms, as well as up to 10 personal computers for a one-time group testing. A set of licensed software is installed on each computer, including universal computer automated psychodiagnostic systems for expert determination of a person's psychological state;
9) computers are connected to a printer to print out the results of psychodiagnostics.

Appendix 17
to the Rules of Conduct military medical
examination in the National Guard
Republic of Kazakhstan
The form

Requirements for the design and equipment of a psychologist's office for psycho-functional diagnostics and individual examination

1) Useful area of at least 16 - 20 square meters, with a height of at least 2.8-3 meters;
2) isolated from sources of noise, vibration, radiation;
3) it is advisable to have walls in light blue and light green tones (associations with nature);
4) a floor that is in harmony with the color of the walls (linoleum on a soft base);
5) the office should not be oversaturated with small details and objects that interfere with tuning in to work;
6) the office accommodates up to three tables for testing on forms, a psychologist's desk with a personal computer and a printer;
7) audio equipment with a special set of audio CDs is installed in the office (for sound accompaniment of the examination - creating interference);

8) the walls of the office are decorated with sets of Schulte tables or sets of Platonov tables (M. Gorbov). Additionally, the office is provided with test methods for the study of higher mental processes (perception, attention, memory, mental performance, thinking, intellectual activity, imagination, visual motor coordination, constructive abilities), test methods for the study of emotional response, character, personality-motivational sphere (scale intelligence, questionnaire, projective techniques).

Appendix 18
to the Rules of Conduct military medical
examination in the National Guard
Republic of Kazakhstan

The form

Protocol of individual psychological conversation

1. Surname, name, patronymic (if any) year of birth _____

2. Education _____

_____

3. Place of work, service _____

_____

4. Family status _____

__

5. Passed (a) PPR in MMC (where, when) _____

_____

6. In the upcoming service (profession, study), he considers it attractive to himself:

_____

_____

7. Place of birth, from a complete / incomplete family, information about family members

_____

_____

8. Heredity (the presence of disorders and diseases in close relatives, suicides, suicidal attempts

_____

_____

9. Features of development in childhood, past illnesses, injuries

(for military personnel - the frequency of leaving on a sheet of temporary disability _____

_____

10. Education in educational institutions, academic performance _____

_____

11. Service of the Armed Forces of the Republic of Kazakhstan, including urgent (year, incentives / penalties), adaptation features _____

12. Place of residence, housing (own, rented, lives with relatives) _____

13. Professional route, features _____

14. Marital status _____

_

(features, satisfaction, number of marriages, divorces)

15. Children _____

16. Leisure / hobbies / friends / interests / leisure _____

17. Information about the use of psychoactive substances:

Alcoholic drinks	Nicotine (smoking)	Others (including narcotic drugs)
From _____ years	From _____ years	Frequency:
Frequency: Preferences:	Amount: Preferences:	Features:

18. Self-assessment, perspective assessment (training, professional growth)

_____

__

_____

__

19. Appearance (neatness, composure), presence of scars, tattoos, piercings

_____

____

Downside

20. General awareness (elementary mathematics, literary geographic,

historical, political knowledge, concepts, etc.), the ability to reflect, generalize, analyze, compare

_____

_____

_____

_____

_____

_____

Behavioral, communicative, emotional and other personality traits (in the process of conversation, observation),

various kinds of information not reflected in the PPR results _____

_____

_____

_____

21. Religious beliefs, creed _____

22. List the three most striking psychological traits (qualities) inherent in you (in your opinion):

"+"	"-"

1.	1.
2.	2.
3.	3.

23. Three main goals (tasks) for the near future:

_____

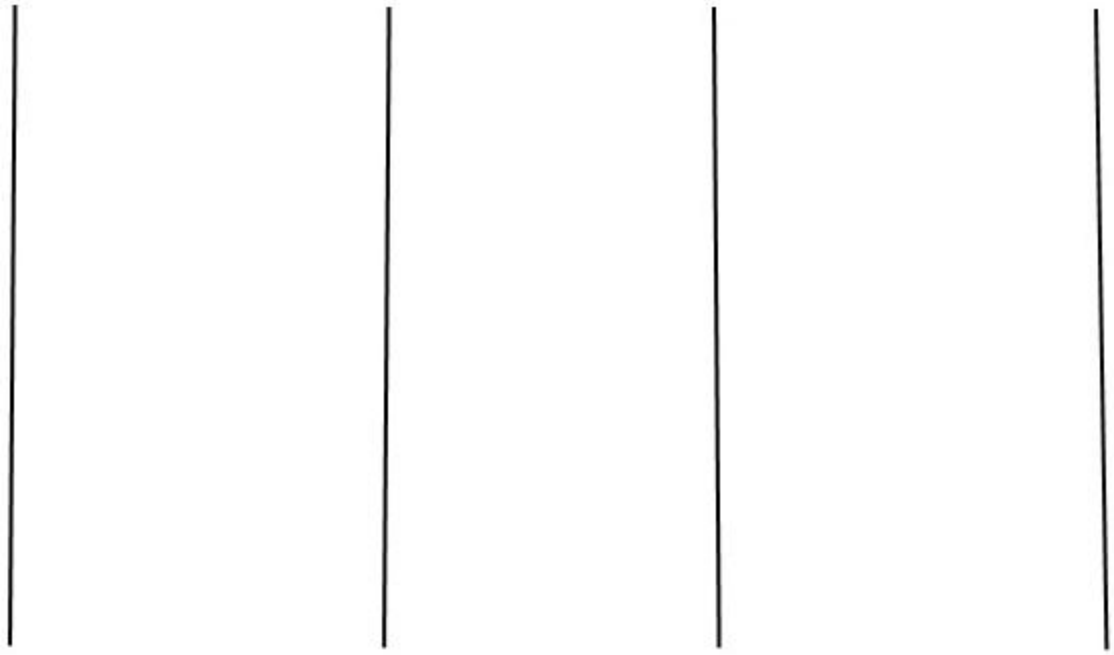
__

_____

__

24.

The healthiest the smartest the most aggressive (conflict) the happiest



The most sick the stupidest the calmest the most unfortunate

"_____" _____ 20__

_____ psychologist PPL MMC NG

Appendix 19
to the Rules of conduct military medical
examination in the National Guard
Republic of Kazakhstan
The form

_____

(name of the military medical commission)

Direction spine № ___ Is sent for polygraph examination _____ position, rank, surname, name, patronymic (if any) of the subject _____	_____ (commission address) Referral for polygraph examination № ____ Is sent for polygraph examination _____ position, rank, surname, name, patronymic

(indicate the basis of the study) _____ Initiator "___" _____ 20__ _____ (name of the military unit)	(if available) of the subject _____ _____ (indicate the basis of the study) The photo M.P. _____

_____

Initiator

"___" _____ 20__

Appendix 20
to the Rules of Conduct military medical
examination in the National Guard
Republic of Kazakhstan
The form

_____

(to the chief of the MMC, military rank, initials of the name, surname)

The task

I ask you to conduct a polygraph examination in relation to _____

_____

_____

(Surname, name, patronymic (if any), year of birth, place of work, position, rank)

The purpose of the check (basis of the study) _____

_____

Topics to be clarified (no more than 10 topics):

1._____

2 ._____

3 ._____

4._____

5._____

6 ._____

7 ._____

8._____

9._____

10._____

The circumstances of the case _____

_____

_____

_____

Health information: _____

_____

Awareness in the polygraph survey procedure _____

It is desirable to conduct polygraph examination in _____ language.

Send a conclusion on the research materials to _____

The referral for the polygraph examination is attached.

Quest initiator

(position, military rank, signature, initials of the name, surname)

signature, date

Appendix 21
to the Rules of Conduct military medical
examination in the National Guard
Republic of Kazakhstan
The form

Register of preliminary registration for polygraph examination № _____

№	military rank, initials of the name, surname of the polygraph examiner, date and time of examination	Surname, name, patronymic (if any) of the subject	(Referral number, date of issue, who issued the referral)	Position, note

Appendix 22
to the Rules of conduct military medical
examination in the National Guard
Republic of Kazakhstan
The form

Declaration of polygraph examination

Section 1 (to be completed before testing)

1. Surname, name, patronymic (if any) of the examined person ____

_____

Complaints: _____

_____

Mood: _____

_____

Emotional condition: _____

General state of health at the time of testing: _____

_____

Availability of medical documents on existing diseases associated with violation of cardiovascular and respiratory activity:

_____

_____

2. During a conversation with a polygraph examiner, I was informed that:

1) audiovisual observation and recording is carried out during the conversation and testing with the use of a polygraph;

2) the duration of continuous testing is 120 minutes and, if necessary, a rest of up to 15 minutes can be provided.

3. I was also explained the rights and tasks of the study, the principle of the polygraph, the topics of testing questions.

Signature of the subject _____

4. I confirm that I am not in a state of alcoholic and drug intoxication.

Subject's signature _____

5. I do not need the services of an interpreter during the research.

Signature of the examined person _____

Date and time "___" _____ 20___

"___" hours "___" minutes

Section 2 (completed after testing)

I, _____,

(surname, name, patronymic (if any) of the examined person)

after testing as part of a polygraph study conducted

"___" _____ 20___ from _____ hour. ____ min. by ____ hour. ___ minutes

(start time) (end time)

in connection with _____,

(the basis of the study is indicated)

I confirm the following:

1) during testing, I was asked questions, with the topic of which I was (a) previously familiarized (a);

2) during the survey, I did not express (a) a desire to interrupt the testing procedure;

3) the research procedure and the content of the questions did not humiliate or insult my human dignity;

4) threats, violence and other illegal methods of influence were not used against me;

5) my mental and physical health did not deteriorate after testing.

Special opinion:

_____

_____

(signature, surname, name, patronymic, if any)

"_____" _____ 20__

Appendix 23
to the Rules of Conduct military medical
examination in the National Guard
Republic of Kazakhstan
The form

Book of protocols of the correspondence examination

_____

_____

(name of the commission)

№	Military rank, surname, name, patronymic (if any), year of birth, position, place of service, place and date of conscription, MMC that sent expert documents	№ of certificate of illness, diagnosis	The conclusion of the MMC on the category of fitness for military service, on the causal relationship of the disease, injury, paragraphs and columns of Requirements
1	2	3	4

Appendix 24
to the Rules of Conduct military medical examination in the National Guard Republic of Kazakhstan
The form

Corner stamp
(military medical commission)

_____
(name of the military medical commission)

Medical certificate № _____

"___" _____ 20__ by the military medical commission _____
_____
(name of MMC)
towards _____
_____
(indicate the official, date, document number)
certified:
1. Surname, name, patronymic (if any) _____
_____
2. Date of birth _____, in the Armed Forces from _____
(month and year)
3. Military rank _____
4. Military unit _____
5. Position held, specialty _____
6. Drafted (entered under the contract) for military service _____
_____
(indicate the department (department) for defense affairs,
_____

month and year of conscription, admission to military service under the contract)

_____

7. Height ___ cm. Body weight ___ kg. Chest circumference (calm) _____

8. Complaints _____

_____

_____

9. Anamnesis _____

(indicate when the disease occurred, when and under what circumstances the injury was received

(injury, trauma, contusion), the presence and absence of a certificate of injury.

Impact of illness on the performance of military service duties, results

previous medical examinations, treatment measures used

and their effectiveness, stay on sick leave, treatment in sanatoriums)

_____

_____

_____

_____

_____

_____

10. Was under examination and treatment _____

(indicate healthcare institutions, military medical institutions and the time of stay in them)

_____

_____

Case history № ____ Code _____ Code _____

11. Data of objective research

_____

_____

_____

_____

_____

_____

12. Results of special studies (X-ray, laboratory, instrumental):

_____

_____

_____

_____

_____

_____

13. Conclusion of the MMC

1) diagnosis _____
_____
_____
_____
2) the causal relationship of injury (injury, trauma, contusion), disease:
on the basis of clause _____ of the Rules for conducting military medical examination in the National Guard of the Republic of Kazakhstan
_____
_____
3) category of fitness for military service (fitness for military service)
_____
_____
on the basis of clause ___ of sub-clause __ of column ___ Requirements for the conformity of the state of health of persons for service in the Armed Forces, other troops and military formations of the Republic of Kazakhstan.
14. In an accompanying (needs, does not need) the unnecessary to cross out
_____
(indicate, if necessary, the number of accompanying persons, the type of transport, the need to travel in a separate compartment)
15. Special notes _____
_____
_____
Head of the Commission _____
(military rank, signature, initials of name, surname)
M.P. Commission members: one _____
(military rank, signature, initials of name, surname)
2 _____
(military rank, signature, initials of name, surname)
Secretary: _____
(military rank, signature, initials of name, surname)
Commission mailing address
_____

Conclusion of the regular military medical commission

Minutes № ___ dated "__" _____ 20__
Ref. № _____ dated "__" _____ 20__

Note: The number of the certificate of illness corresponds to the ordinal number under which the examined person is recorded in the book of minutes of meetings of the military medical commission.

In the copies of the certificate of illness (which are sent to the military unit (institution) that sent the serviceman for examination), the information set forth in clauses 8, 9, 11, 12 is not indicated. In this case, the diagnosis is indicated by a code according to the International Classification of Diseases (ICD). The certificate of illness is printed on sheets of A4 format, font "Times New Roman", font size not less than 12.

Appendix 25
to the Rules military medical expertise in
National Guard of the Republic of
Kazakhstan
The form

Help on court ruling _____ (name of the court, № date)

"_____" _____ 20___ military medical commission _____
_____
(name of MMC)

1. Surname, name, patronymic (if any) _____
2. Date of birth _____
3. Military rank _____ military unit _____
4. Position held _____
5. Survey results (conclusions) _____

_____
_____
_____

Minutes № _____ dated _____

Head of the Commission _____
(military rank, signature, initials of name, surname)

M.P

Secretary of the Commission _____
(military rank, signature, initials of name, surname)

Commission mailing address _____

Note. The number of the certificate corresponds to the ordinal number under which the examined person is recorded in the book of minutes of meetings of the military medical commission

Appendix 2 to the order
The Minister of the Interior
Republic of Kazakhstan
dated October 16, 2020 № 717

Regulations on the commissions of military medical expertise in the National Guard of the Republic of Kazakhstan Chapter 1. Basic Provisions

1. This Regulation on the commissions of military medical expertise in the National Guard of the Republic of Kazakhstan (hereinafter - the Regulation) has been developed in accordance with subparagraph 10) Part 1 of Article 11 of the Code of the Republic of Kazakhstan dated July 7, 2020 "On the health of the people and the health care system", and determines the status, powers of the military medical examination commissions in the National Guard of the Republic of Kazakhstan.

2. To conduct military medical expertise (hereinafter - MME) in the National Guard of the Republic of Kazakhstan (hereinafter - NG), staff and freelance (permanent and temporary) military medical commissions are created.

3. Military medical commissions (hereinafter - MMC) are staffed with doctors experts - specialists with higher medical education in the medical profile, specialist certificates, as well as experience in practical, clinical and expert work. The chief and deputy chief of the MMC are appointed medical specialists who are the most trained in MME issues, with experience in NG, departmental medical and military medical institutions.

The MMC includes: chief, deputy chief (from among the full-time specialists), therapist, psychiatrist, neuropathologist, surgeon, ophthalmologist, otorhinolaryngologist, dentist, dermatovenerologist, gynecologist, psychologist and secretary.

4. The head of the MMC interacts by the type of activity and within the competence with the Ministry of Health of the Republic of Kazakhstan (hereinafter - the Ministry of Health), the central MMC of the Ministry of Internal Affairs of the Republic of Kazakhstan, (hereinafter - the CMMC of the Ministry of Internal Affairs), MMC of the Police Departments of the regions, cities of republican significance of the Ministry of Internal Affairs of the Republic of Kazakhstan (hereinafter - MMC PD), central MMC of the Ministry of Defense of the Republic of Kazakhstan (hereinafter - CMMC MD).

5. The head of the MMC in his activities is guided by the Rules for conducting military medical expertise in NG (hereinafter - the Rules), developed in accordance with subparagraph 10) of part 1 of article 11 of the Code of the Republic of Kazakhstan dated July 7, 2020 "On public health and the health care system", and the Requirements for the state of health of citizens for service in the Armed Forces of the Republic of Kazakhstan, other troops and military formations of the Republic of Kazakhstan, approved by the Ministry of Defense of the Republic of Kazakhstan in accordance with the competence provided for by subparagraph 1) of part 2 of Article 11 of the Code (hereinafter - Requirements).

6. The conclusions of the MMC are accepted collectively, while the opinion of a specialized specialist in this disease is fundamental. If other members of the commission disagree, their opinion is recorded in the minutes of the MMC meeting or in the act of medical examination. The final decision is made by the head of the MMC in accordance with the Requirements.

7. The MMC experts represent the interests of state institutions in court and other state bodies when considering issues related to MME.

8. MMC within the competence:

1) make an opinion on the severity of the injury (injury, trauma, concussion) received by the servicemen of the NG;

2) determines the causal relationship of diseases, injuries (wounds, traumas, contusions) in military personnel of the NG;

3) directs the examined for inpatient, outpatient examination or treatment in medical institutions;

4) requests medical documents, materials of an official investigation, inquiry, criminal case, characteristics, archival certificates, extracts from orders, acts, protocols and other documents necessary for the issuance of an expert opinion from the personnel services and archival institutions of NG;

5) apply for a medical examination of NG servicemen who are being treated, with a definite medical expert outcome of the disease, as well as those who are often and for a long time ill;

6) advises, issues opinions, certificates on MME issues for NG servicemen.

9. Doctors - MMC experts provide practical assistance to military medical units, take part in shifts in medical units.

Chapter 2. Staff military medical commission of the National Guard of the Republic of Kazakhstan

10. The full-time MMC of the NG shall be a structural subdivision of the medical service of the NG troops and shall consist in the staff of the Republican State Institution “Military unit 6636 of the National Guard of the Republic of Kazakhstan” and shall carry out general management of the activities of freelance MMC established in the Regional commands (hereinafter referred to as the RC), military units, National Guard Academy (hereinafter referred to as the ANG) and infirmaries on the issues of MME of the NG servicemen of the Republic of Kazakhstan.

Footnote. Paragraph 10 - in the wording of the order of the Minister of Internal Affairs of RK dated 17.05.2022 № 354 (shall enter into force upon expiry of ten calendar days after its first official publication).

11. The staff MMC of the NG shall be headed by the chief, appointed and dismissed by the Deputy Minister of Internal Affairs of the Republic of Kazakhstan - Commander-in-Chief of the National Guard on the report of the head of the Military Medical Department (hereinafter referred to as the MMD) of the Main Command of the NG (hereinafter - MCNG).

Footnote. Paragraph 11 - in the wording of the order of the Minister of Internal Affairs of RK dated 17.05.2022 № 354 (shall enter into force upon expiry of ten calendar days after its first official publication).

12. The head of the NG staff MMC shall report directly to the head of the MMD of the MCNG.

13. The composition of the staff structure of the MMC NG shall be approved by the order of the Deputy Minister of Internal Affairs of the Republic of Kazakhstan - Commander-in-Chief of the National Guard.

Footnote. Paragraph 13 - in the wording of the order of the Minister of Internal Affairs of RK dated 17.05.2022 № 354 (shall enter into force upon expiry of ten calendar days after its first official publication).

14. The provision of the regular MMC with the necessary property, equipment and equipment is carried out through the assigned military unit.

15. The staff MMC NG is responsible for:

1) analysis and evaluation of the results of the WWE of freelance MMC, MMC PD;

2) consideration and approval (not approval) or cancellation of the conclusions of freelance MMCs, temporary MMC, MMC PD;

3) medical examination and re-examination of NG servicemen and servicemen dismissed from military service for health reasons, in the event of their appeal against the conclusions of the freelance MMC, MMC DP;

4) organization of advanced training for specialists of freelance MMC;

5) based on MME materials, verification of the organization and condition of the medical and diagnostic work of NG hospitals, if necessary, with a request for medical expert documentation, including medical records of an inpatient;

6) giving instructions, explanations to the freelance MMC on the application of this Regulation and regulatory legal documents on the MME;

7) development of lists and methods for conducting WWE for a high-quality and complete examination of nosological forms.

16. All conclusions of the freelance MMC NG and MMC DP, in relation to servicemen recognized as unfit for military service, are sent for approval to the staff MMC.

In case of disagreement with the decisions of the freelance MMC, MMC DP, the regular MMC calls the person being examined to make a final decision.

17. Doctors - experts of the regular MMC conduct medical examinations of NG servicemen for admission to driving vehicles with the subsequent issuance of an opinion.

18. The staff MMC conducts psychophysiological and polygraph examinations in the manner in accordance with Chapter 5 of the Rules.

Chapter 3. Freelance standing military medical commissions of the National Guard of the Republic of Kazakhstan

19. Non-staff permanent MMC shall be established at infirmaries of RC, military units, NGA for medical examination of NG servicemen.

Footnote. Paragraph 19 - in the wording of the order of the Minister of Internal Affairs of RK dated 17.05.2022 № 354 (shall enter into force upon expiry of ten calendar days after its first official publication).

20. Freelance permanent MMC NG are formed from the number of officials of the medical services of the RGK, military units consisting of: chief, deputy chief (one of the members of the commission), members of the commission and a secretary.

21. For conducting MME by freelance permanent MMC NG, in the absence of individual specialists, doctors and psychologists of military units of NG, MMC DP may be involved (as agreed).

22. Regarding MME issues, freelance standing MMCs are guided by this Regulation, Requirements, Rules and instructions (clarifications) of the regular MMC.

23. The freelance permanent MMC NG, within the established competence, is assigned:

1) medical examination of NG servicemen in the areas of personnel services;

2) submission for approval to the regular MMC of conclusions, certificates of illness for NG servicemen of all categories within a period not later than five working days from the date of the conclusion;

3) filing applications for training and raising the level of special knowledge on MME issues of specialists participating in the work of the freelance MMC;

4) taking measures to improve medical and diagnostic work during MME;

5) analysis of the results of medical examination of NG servicemen and submission of reports on the work performed to the regular MMC.

Chapter 4. Freelance temporary military medical commissions of the National Guard of the Republic of Kazakhstan

24. Freelance temporary acting MMC shall be established in military educational institutions (hereinafter referred to as the MEI training units and military units of special purpose by orders of the Deputy Minister of Internal Affairs of the Republic of Kazakhstan - Commander-in-Chief of the National Guard, commanders of Regional Commands and commanders of military units consisting of: the chief (chief of medical service), deputy chief (from among regular medical specialists) and members of the commission. The orders shall determine the timing and procedure for the period of enrollment and selection of candidates for higher education, training units and special-purpose military units.

Footnote. Paragraph 24 - in the wording of the order of the Minister of Internal Affairs of RK dated 17.05.2022 № 354 (shall enter into force upon expiry often calendar days after its first official publication).

25. The head of the non-staff temporary MMC on MME issues is subordinate to the head of the regular MMC.

26. The head of a freelance temporary MMC in his work is guided by this Regulation and instructions (clarifications) of the staff MMC.

27. The head of the freelance temporary MMC issues conclusions on the suitability (unsuitability) of the NG servicemen and persons entering the university.

28. The head of a non-staff temporarily operating MMC, no later than 5 calendar days after the end of the commission's work, sends conclusions, a report on the work done and medical records to persons recognized as unfit for admission to a university in a regular MMC.