|  |  |  |
| --- | --- | --- |
| Nazwa i adres komórki organizacyjnej zakładu leczniczego/praktyki lekarskiej 1) | **ZLK-5**  **Zgłoszenie podejrzenia lub rozpoznania zgonu**(\*) **z powodu zakażenia lub choroby zakaźnej**2) | Adresat:  **Państwowy Powiatowy/Graniczny(**\*) **Inspektor Sanitarny**  **w** ........................................................ |
| **Resortowy kod identyfikacyjny podmiotu leczniczego**3)    Część I. Numer księgi rejestrowej   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |   Część II. TERYT   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |   Część VII. Komórka organizacyjna   |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | | **Uwagi**:  1) W przypadku dokumentu sporządzonego w postaci papierowej dane mogą być naniesione na dokument  w formie pieczątki albo nadruku.  2) Nie dotyczy zgonów osób zakażonych ludzkim wirusem niedoboru odporności (HIV) i zgonów osób  chorych na zespół nabytego niedoboru odporności (AIDS) – zgłaszanych na innym formularzu.  3) Wypełnić zgodnie z rozporządzeniem Ministra Zdrowia z dnia 17 maja 2012 r. w sprawie systemu  resortowych kodów identyfikacyjnych oraz szczegółowego sposobu ich nadawania (Dz. U. z 2019 r. poz.  173).  4) Wypełnić w przypadku, gdy osobie nie nadano numeru PESEL, wpisując serię i numer paszportu albo  nazwę, numer identyfikacyjny innego dokumentu, na podstawie którego jest możliwe ustalenie danych  osobowych.  (\*) Niepotrzebne skreślić. | |
| **I . PRZYCZYNA ZGONU/PODEJRZENIE PRZYCZYNY ZGONU**(\*) (należy wpisać każdą przyczynę zgonu, w przypadku gdy w wyjściowej, wtórnej lub bezpośredniej przyczynie zostało wskazane zakażenie lub choroba zakaźna)  **1. Data zgonu (**dd/mm/rrrr)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | | / | |  | |  | / |  | |  |  |  | | **2. Kod ICD-10 3. Określenie słowne:** | | | | | | | | | | | | | | |  | |  | |  | |  | |  | | – | |  | | …………………………………………………………………………………………………………………… (przyczyna wyjściowa) | | | | | | |  | |  | |  | | – | |  | | …………………………………………………………………………………………………………………… (przyczyna wtórna) | | | | | | |  | |  | |  | | – | |  | | …………………………………………………………………………………………………………………… (przyczyna bezpośrednia) | | | | | | | | |
| **II. Dane ZMARłego**  **1. Nazwisko**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **2. Imię 3. Data urodzenia** (dd/mm/rrrr) **4. Nr PESEL**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | / |  |  | / |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **5. Nazwa i numer identyfikacyjny dokumentu**4) **6. Płeć (M, K) 7. Obywatelstwo**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **8. Kraj urodzenia**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **9. Osoba bezdomna**   |  |  |  | | --- | --- | --- | |  | Tak (w pkt 10–13 podać województwo, powiat, gminę i miejscowość) |  |   **Adres miejsca zamieszkania**  **10. Województwo 11. Powiat 12. Gmina**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **13. Miejscowość 14. Kod pocztowy**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | - |  |  |  |   **15. Ulica 16. Nr domu 17. Nr lokalu**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |
| **III. DANE ZGŁASZAJĄCEGO LEKARZA/FELCZERA**(wpisać albo nanieśćnadrukiem albo pieczątką)    1. Imię i nazwisko............................................................... ……………. 2. Numer prawa wykonywania zawodu: .................................... 3. Podpis ........................................  4. Telefon kontaktowy: ......................................................................... 5. E-mail: ....................................................................... | | |