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**Оценка временной нетрудоспособности
в клинике внутренних болезней**

Учебно-методическое пособие

**Assessment of temporary disability
in the clinic of internal diseases**

Educational-methodical manual



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Учебно-методическое пособие составлено в соответствии с федеральным государственным образовательным стандартом высшего образования по специальности 31.05.01 «Лечебное дело», типовой и рабочей программами по дисциплине «Внутренние болезни». В учебном издании подробно освещается тема «Экспертиза временной нетрудоспособности в клинике внутренних болезней», описаны виды нетрудоспособности, порядок экспертизы временной нетрудоспособности, основные обязанности врача при проведении экспертизы временной нетрудоспособности, а также изложен теоретический материал на основе действующих нормативно-правовых актов Минздрава России, приводятся контрольные вопросы. Отдельный раздел посвящен факторам, влияющим на продолжительность листка нетрудоспособности.

Пособие предназначено для иностранных студентов медицинских вузов, обучающихся по направлению подготовки «Лечебное дело».

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INTRODUCTION

Outpatient therapy is the most important clinical discipline containing systematized scientific knowledge and techniques on outpatient aspects of therapeutic pathology. The majority of patients with initial manifestations of pathology of internal organs are patients of the polyclinic. Timely detection and full-fledged treatment of the most common diseases depends on the knowledge and skills of the district therapist. Currently, therapy as a specialty remains the most in demand in practical healthcare, therefore, the need to train a specialist therapist at the modern level, including a specialist therapist working in outpatient clinics is relevant.

Many very important sections of a doctor's work are learned only in a polyclinic and require a large amount of additional knowledge and skills. These are issues of early diagnosis of diseases, prevention, medical examination, examination of work capacity, outpatient rehabilitation, features of treatment of patients of different age groups.

A significant role in the work of a general practitioner of any medical institution is represented by an examination of the ability to work. Its tasks include a scientifically based assessment of the state of working capacity in the event of diseases or injuries resulting in a decrease in working capacity, the study of the causes of morbidity and disability, the establishment of scientifically based work recommendations for patients and disabled people, allowing them to effectively participate in socially useful work. An examination of the ability to work determines indications for various types of social assistance: temporary disability benefits, pensions, rehabilitation treatment, prosthetics.

It is possible to carry out an examination of the ability to work only if there is deep professional knowledge in the chosen specialty and taking into account sufficient awareness of the nature of the work performed. The greatest difficulties in solving these issues arise for a doctor at the beginning of his work, however, an experienced doctor also has to constantly improve his knowledge, based on modern achievements of medical science and published instructional documents.

In Russia, as in most developing countries, there is an increase in various forms of chronic pathology. The dynamics of general morbidity, including with temporary disability, determines the search for new forms of healthcare organization and improvement of practical medicine. In the context of the reform of practical healthcare, the shift of emphasis in providing medical care to the population at the

outpatient level, these tasks become even more urgent and dictate the need for a correct approach to the examination of temporary disability and dispensary supervision.

Significant amounts are spent on the payment of disability certificates. Therefore, treatment standards, quantitative criteria and prognosis of examination of temporary disability (TD) play a huge role in the implementation of medical activities, improving the economy and health management.

The timely release of a person from employment at work and his subsequent return to work largely depend on the competence of the doctor. In addition to clinical training, he needs knowledge on general and specific issues of disability assessment, the foundations of which should be laid at the university.

Even greater demands are placed on the general practitioner (family doctor), who has to solve expert issues not only within internal diseases, but also in other specialties.

GENERAL ISSUES OF EXAMINATION OF TEMPORARY DISABILITY Basic concepts

An expert is a knowledgeable person, a specialist involved in giving an opinion.

Ability to work is a socio-legal category that reflects the totality of a person's physical and spiritual capabilities that allow them to perform work of a certain volume and quality.

Disability is the inability to perform a habitual profession – the main activity due to medical or social contraindications.

Types of temporary disability: illness, injury, occupational disease, industrial accident, quarantine, care for a sick family member, additional treatment in a sanatorium, maternity leave, post-vaccination complication.

Temporary disability is a condition of the body caused by a disease or injury, in which functional impairment is accompanied by the inability to perform professional work under normal conditions for a relatively short period of time and is reversible.

Types of disability

- Persistent;
- Temporary: full, partial.

An examination of the ability to work is a type of medical examination, the main task of which is to assess the patient's health with a decision on the possibility of continuing work.

The main principles of the organization of the examination of temporary disability in Russia

- 1) State character – the right to conduct an examination of temporary disability is legislatively given to medical institutions (medical institutions) licensed for this type of medical activity and the Bureau of medical and social expertise.
- 2) Preventive orientation – consists in the most effective use of all methods of medical, labor and social rehabilitation, the main purpose of which is the fastest restoration of working capacity and prevention of disability.
- 3) Collegiality in solving all issues.

THE TASKS OF THE EXAMINATION OF TEMPORARY DISABILITY

1. Determining the ability of a person to perform his professional duties, depending on the state of health.
2. Determination of the degree and duration of disability, timely referral of patients with signs of persistent disability to the Bureau of Medical and Social Expertise.
3. Determination of the amount of treatment and regimen necessary to restore and improve the patient's health.
4. Definition and implementation of a plan for medical, labor and social rehabilitation of disabled persons; rational employment of patients who do not have signs of disability, but need to alleviate working conditions in their profession; definition of labor recommendations for disabled people, in order to maximize the use of their remaining working capacity.
5. To study the levels, structure and causes of morbidity with temporary disability and disability, in order to reduce these indicators among the population.

A well-founded expert opinion on the patient's ability to work and a correct assessment of the clinical and labor prognosis are possible when taking into account medical and social factors.

Medical factors

1. The nosological form expressed in a detailed clinical diagnosis.
2. Features of the course of the disease.
3. The severity of morphological changes in organs and systems.
4. The degree of dysfunction of the affected organs and systems.
5. Functional reserves.
6. The effectiveness of treatment in dynamics.
7. Clinical prognosis.

Social factors:

1. The main profession of the patient.
2. Qualification level (category).
3. Features of the work performed (pace, working posture, etc.).
4. Sanitary and hygienic working conditions.
5. The degree of physical stress (power in watts, energy consumption – kcal/min).
6. The degree of neuropsychiatric stress.
7. Education of the patient.
8. Professional route.
9. Clinical and labor prognosis.

It matters: material and living conditions, gender, age of the patient. The main criterion differentiating temporary disability from permanent disability is a favorable clinical and labor prognosis.

Examination of temporary disability is a type of medical activity, the main purpose of which is to assess the patient's health, the quality and effectiveness of the

examination and treatment, the ability to carry out professional activities, as well as to determine the degree and timing of temporary disability.

The examination of temporary disability is carried out in accordance with the Instructions on the procedure for issuing documents certifying temporary disability of citizens, current legislation.

The examination of temporary disability is carried out by attending physicians in medical institutions, regardless of their level, profile, departmental affiliation and form of ownership, if they have a license for this type of medical activity.

In some cases (in remote rural areas, in the Far North, etc.), by decision of the health management body, an examination of temporary disability is allowed to an average medical worker.

Doctors and secondary medical workers working in state (municipal) healthcare institutions carry out an examination of temporary disability on the basis of a license issued to the institution.

Doctors engaged in private medical practice outside a medical institution must have a license for the main type of medical activity and examination of temporary disability, as well as a certificate (certificate) of completion of a refresher course on examination of temporary disability.

ORGANIZATION AND PROCEDURE FOR THE EXAMINATION OF TEMPORARY DISABILITY IN MEDICAL INSTITUTIONS

The head of the healthcare institution is responsible for the examination of temporary disability in an outpatient clinic:

1. bears full responsibility for the state of all work on the examination of temporary disability; issues orders on its organization and conduct;
2. organizes accounting and reporting on temporary disability;
3. approves the composition of the clinical expert commission, the regulations on the rules of its work;
4. appoints persons responsible for accounting, receiving, storing and spending forms of documents certifying temporary disability of citizens, creates conditions for their registration, issuance and storage;

5. determines the need for forms of disability certificates, annually sends an application to the territorial health management body for the required number of forms (before January 15) and reports on their use; reports all cases of theft of forms to the higher health management body;

6. applies disciplinary and material measures to employees who have made clinical and expert errors, violation of the procedure for conducting an examination of temporary disability, rules for storing, recording, processing and issuing documents certifying temporary disability, if necessary, in accordance with the procedure established by current legislation, sends materials to investigative authorities to resolve issues of bringing perpetrators to criminal responsibility;

7. systematically organizes the verification of the state of the examination of temporary disability in the medical and preventive institutions under its jurisdiction (polyclinics, hospitals, rural medical sites, etc.);

8. examines workers' complaints about the actions of doctors regarding the issuance and registration of disability certificates (certificates).

LEVELS OF EXAMINATION OF TEMPORARY DISABILITY

The first is the attending physician;

The second one is the medical commission of a medical and preventive institution;

The third is the medical commission of the health management body of the territory included in the subject of the Federation;

The fourth is the medical commission of the healthcare management body of the subject of the Federation; the fifth is the chief specialist in the examination of temporary disability of the Ministry of Health and Medical Industry of Russia.

The first level of expertise of the temporary disability is the attending physician.

1) Determines the signs of temporary disability based on an assessment of health status, nature and working conditions, and social factors. Determines the terms of disability, taking into account the individual characteristics of the course of the main and concomitant diseases, the presence of complications and approximate terms of disability for various diseases and injuries.

2) The attending physician alone issues disability certificates to citizens for up to fifteen calendar days inclusive, sets the date of the next visit to the doctor, which makes an appropriate entry in the primary medical documentation. In cases established by the authorized federal executive authority, a paramedic or a dentist may individually issue a certificate of disability for up to ten calendar days inclusive.

3) Promptly sends the patient for consultation to the clinical expert commission to extend the disability certificate beyond the time limits established by the Instructions on the procedure for issuing documents certifying temporary disability of citizens (for a period of more than 15 days), to resolve issues of further treatment and other expert issues.

4) In case of an obvious unfavorable clinical and labor prognosis (no later than four months from the beginning of temporary disability), directs the patient to undergo a medical and social examination in order to assess disability, and in case of refusal to undergo a medical and social examination, closes the disability sheet.

5) Carries out medical examination of frequently and long-term ill persons.

6) Constantly improves his knowledge on the examination of work capacity, is responsible for the unfair performance of his duties.

7) Fills out medical documentation with high quality – the medical record of an outpatient patient should reflect:

- the date of the initial examination, the full name of the attending physician;

- data from the primary examination: the main and secondary complaints of the patient, a significant medical history, the main points of life history (where he was born, from what year he lives in this area, main profession, working conditions, past illnesses, bad habits, allergic anamnesis, the state of reproductive function), objective research data (described in detail having changes in systems, in the absence of significant deviations, only basic data is reflected);

- preliminary diagnosis;

- examination and consultation plan, in accordance with the standards;

- type of therapeutic and protective regime and treatment regimen;

- justification of the full temporary disability and the timing of the one-time issue of the disability certificate, the date of repeated inspection;

- a complete final diagnosis indicating the degree of severity of functional changes;
- it is necessary to reflect the dynamics of the disease in the intermediate examinations;
- the dates of the disability certificate extension must correspond to the dates of intermediate inspections;
- at the end of the temporary disability in the last diary, it is necessary to justify in detail the discharge of the patient to work.

DUTIES OF THE ATTENDING PHYSICIAN DURING THE EXAMINATION OF TEMPORARY DISABILITY

The attending physician determines the signs of high blood pressure based on an assessment of the state of health, nature and working conditions, and social factors.

In primary medical documents, records the patient's complaints, anamnesis and objective data, necessary examinations and consultations, formulates the diagnosis and degree of functional disorders of organs and systems, the presence of complications and their severity, causing disability.

Recommends therapeutic and wellness activities, type of regime.

Determines the terms of disability, taking into account the individual characteristics of the course of the main and concomitant diseases, the presence of complications and the approximate terms of disability.

Issues a disability certificate, including when visiting at home, sets the date of the next visit to the doctor, which makes an entry in the medical documentation.

During subsequent examinations, it reflects the dynamics of the disease, the effectiveness of treatment, and justifies the extension of the disability certificate.

Timely directs the patient to the Medical commission to extend the disability certificate, resolve issues of further treatment, etc.

In case of violation of the therapeutic and protective regime, make an appropriate entry in the disability sheet and medical history indicating the date and type of violation.

Identifies signs of persistent disability and permanent disability, promptly referring the patient to the VC and medical and social examination.

Performs medical examination of long-term and frequently ill patients (4 or more cases and 40 days of temporary disability for one disease or 6 cases and 60 days for all diseases per year).

Upon restoration of working capacity and discharge to work, it reflects the objective status and justifies the closure of the disability sheet.

Analyzes the causes of the incidence of high blood pressure and primary disability, participates in the development and implementation of measures to reduce them.

He is constantly improving his knowledge of the examination of temporary disability issues.

THE PROCEDURE FOR ISSUING TEMPORARY DISABILITY CERTIFICATES

A certificate of disability is issued:

Insured persons - citizens of the Russian Federation, foreign citizens permanently or temporarily residing in the territory of the Russian Federation, including states and stateless persons:

- Working under employment contracts.

- State civil servants, municipal employees.

- Lawyers, individual entrepreneurs, members of peasant (farmer) farms, individuals (who are not individual entrepreneurs), members of tribal family communities, small peoples of the north who voluntarily pay insurance premiums to the social insurance Fund of the Russian Federation.

- Other categories of persons subject to compulsory social insurance in the event of pregnancy and in connection with maternity (provided that they pay or for them insurance premiums to the Federal Tax Service of the Russian Federation).

- Persons whose illness or injury occurred within 30 days from the date of termination of work under an employment contract, official or other activity, or during the period of conclusion of an employment contract until the day of its cancellation.

- Women dismissed in connection with the liquidation of an enterprise, the termination of the activities of an individual entrepreneur, the powers of a private notary and the status of a lawyer, upon the onset of pregnancy within 12 months before being recognized as unemployed.

- Citizens recognized as unemployed and registered in labor and employment centers in case of illness, injury, pregnancy and childbirth.

They have the right to issue a certificate of disability:

- Attending physicians of medical organizations of the state, municipal and private healthcare system who have a license for medical activity.

- Paramedics and dentists – in some cases by decision of the health department of the subject of the Russian Federation.

- Private practitioners who have a license to practice medicine.

- Attending doctors of specialized (anti-tuberculosis) sanatoriums.

Medical workers are not entitled to issue disability certificates:

- Emergency medical facilities.

- Blood transfusion facilities.

- Reception departments of hospital institutions.

- Medical and physical education dispensaries.

- Balneo and mud baths.

- Special type of healthcare institutions (centers for medical prevention, disaster medicine, Bureau of Medical and social expertise).

- Healthcare institutions for supervision in the field of consumer protection and human well-being.

The issuance and extension of the disability certificate is carried out by a medical professional after examining a citizen and recording data on the state of health in the medical card of an outpatient (inpatient) patient, justifying the need for temporary release from work.

As a rule, a disability certificate is issued and closed in one medical organization. When sending a citizen for treatment to another medical organization, it

may be extended and closed by the medical organization in which the patient was being monitored.

The Social Fund of Russia monitors compliance with the established procedure for issuing disability certificates.

The issuance and extension of a disability certificate is carried out by a medical professional after examining a citizen and recording data on his state of health in the medical record of an outpatient (inpatient) patient, justifying the need for temporary release from work.

The registration of temporary disability certificates is carried out using the "APM СФР" program.

The intermediate link between the first and second levels of the examination of the temporary disability is the head of the department. He is a participant in the first level of levels of the examination of the temporary and the first stage of quality control of medical care. Taking into account the established practice and current regulatory documents, the control, advisory and organizational and methodological functions of the head of the department are distinguished

Control functions of the department head:

1. Quality control of the therapeutic and diagnostic process by the attending physicians of the department at different stages and in completed cases.
2. Quality control of documentation by the doctors of the department.
3. Control over the issuance of medical supplies by attending physicians.
4. Quality control and efficiency of medical examination.
6. Control over the timely professional development of attending physicians on the examination of temporary disability.

Advisory functions of the head of the department:

1. Advising the doctors of the department on all sections of the therapeutic and diagnostic process, issues of examination of temporary disability, quality of medical care, requirements for the work of a doctor in the conditions of compulsory medical insurance.
2. Advises patients who are difficult to diagnose

Organizational and methodological function of the head of the department:

1. Analysis of defects in the work of doctors (violation of the methodology of objective examination, ignorance of pathology, inability to interpret research data, non-compliance with medical and diagnostic standards, ignorance of regulatory documents, etc.)
2. Analysis of the causes and timing of temporary disability, primary disability and mistakes made.
3. Conducts an expert assessment of the quality of medical care for patients at different treatment periods with mandatory personal examination and entry in primary medical documents, as well as carries out an expert assessment of medical documentation at the end of the period of temporary disability or when transferring the patient to another stage of treatment.
4. Practical conclusions and organizational measures based on the results of the analysis (measures to improve the qualifications of doctors, the introduction of new technologies to optimize the therapeutic and diagnostic process, measures to reduce high blood pressure, etc.).
5. Provides organizational and methodological guidance and control over the work of attending physicians to study morbidity, disability and prevention among the serviced contingent.
6. Develops measures aimed at reducing morbidity and disability.

MEDICAL COMISSION

The second level of examination of temporary disability and the third stage of quality control of medical care is the medical commission.

The medical commission consists of doctors and is headed by the head of the medical organization or one of his deputies.

A medical commission is established in a medical organization in order to improve the organization of medical care to citizens, make decisions in the most difficult and conflict cases on prevention, diagnosis, treatment and medical rehabilitation, determine the ability to work of citizens and the professional suitability of certain categories of workers, assess the quality, validity and effectiveness of therapeutic and diagnostic measures, including prescribing medicines and high-tech types of medical care. The medical commission is created on the basis of the order of

the head of the medical organization. The medical commission is the third stage of the examination of the quality of medical care: an expert assessment of the quality and effectiveness of the therapeutic and preventive process, the implementation of medical and economic standards, the final results of the activities of specialists and structural units of the polyclinic.

The procedure for the activities of the medical commission of a medical organization was approved by Order No. 502n of the Ministry of Health and Social Development of the Russian Federation dated May 05, 2012.

The composition of the medical commission:

1. The Chairman is the head of the medical organization or one of his deputies.
2. The deputy chairman (one or two) is the deputy head of the medical organization for the medical part.
3. The secretary is a medical worker with secondary medical education who ensures the activities of the medical commission.
4. Members of the medical commission are specialist doctors from among the full-time staff who have been trained in conducting an examination of temporary disability.

The personal composition of the medical commission is approved by the head of the medical organization.

The chairman of the medical commission for the examination of temporary disability must be a highly qualified specialist and have training in medical and labor expertise. He organizes:

- measures to improve the skills of doctors on temporary disability;
- ensures timely examination by all doctors of the medical and preventive institution of the current regulations, instructions, orders and orders on the examination of work capacity and the issuance of a disability certificate (certificates);
- instructs newly admitted doctors in the medical and preventive institution on the examination of temporary disability and personal control over their work.

The Secretary of the medical commission performs the following functions:

- drawing up schedules of meetings of the medical commission (its sub-commission);
- preparation of materials for the meeting of the medical commission (its sub-commission);
- notification of the members of the medical commission (its sub-commission) on the date and time of the meeting of the medical commission (its sub-commission);
- registration of decisions of the medical commission (its sub-commission) and maintenance of a special journal, which takes into account the decisions of the medical commission (its sub-commission) (hereinafter - the journal);
- organization of storage of materials of the work of the medical commission (its sub-commission).

Depending on the tasks set, the specifics and scope of the polyclinic's activities, by decision of the head of the medical organization, sub-commissions may be formed as part of the medical commission.

The chairman of the subcommittee is appointed one of the heads of departments of the polyclinic (head of the department, deputy for medical work, deputy for clinical and expert work).

An appropriate regulation regulating its activities is being developed for the medical commission and each sub-commission.

The Medical commission is the main body that collectively decides on the issues of examination of working capacity in a medical and preventive institution.

Functions of the medical commission, sub-commission:

1. Decision-making on issues of prevention, diagnosis, treatment, medical rehabilitation and sanatorium treatment of citizens in the most difficult and conflict cases requiring commission consideration.
2. Determination of the working capacity of citizens.
3. Issuance of disability certificates for a period of more than 15 days, but not more than fifteen calendar days at a time.

4. Making a decision on the referral of a patient for a medical and social examination.
5. Conducting an examination of the professional suitability of some employees.
6. Assessment of the quality, validity and effectiveness of therapeutic and diagnostic measures, including prescribing medicines.
7. Assessment of compliance in a medical organization with the established procedure for maintaining medical records.
8. Development of measures to eliminate and prevent violations in the process of diagnosis and treatment of patients.
9. Examination of each case of death of the patient in order to identify the cause of death, as well as to develop measures to eliminate violations in the activities of the medical institution and medical staff in case such violations led to the death of the patient.
10. Making decisions on the appointment and correction of treatment in order to take into account patient data when providing medicines.
11. Making a decision on prescribing medicines that are not included in the standard of medical care, for vital indications and in case of threat to the life and health of the patient, prescribing psychotropic and narcotic drugs, including to citizens who are entitled to receive state social assistance in the form of a set of social services.
12. Selection of patients for the provision of high-tech types of medical care.
13. Selection and referral of patients for medical rehabilitation and sanatorium treatment.
14. Issuing an opinion on the need for a veteran to provide prostheses and prosthetic and orthopedic products (except dentures).
15. Medical examination of suspects or accused of committing a crime for the presence of a serious illness preventing their detention.
16. Conducting mandatory preliminary and periodic medical examinations of workers engaged in heavy work and work with harmful and dangerous working conditions.

17. Issuance of a certificate on the absence of medical contraindications for work using information constituting a state secret.

18. Making a medical conclusion that when organs and tissues are removed for transplantation from a living donor, his health will not be significantly harmed.

19. Analysis of morbidity, including mothers and newborns with nosocomial infections, development and implementation of measures to combat nosocomial infections;

20. Interaction with territorial compulsory medical insurance funds, regional branches of the Social Insurance Fund, territorial bodies of Roszdravnodzor and Rospotrebnadzor.

21. Consideration of complaints and appeals from citizens regarding the provision of medical care.

The activities of the medical commission are carried out in accordance with the legislative acts of the Russian Federation.

Meetings of the medical commission are held according to the schedule of meetings approved by the head of the medical organization, but at least once a week. Unscheduled meetings – by decision of the representative of the medical commission, agreed with the head of the medical organization.

The decision of the medical commission is considered accepted if it was supported by two thirds of the members of the medical commission. The decision of the medical commission is drawn up in the form of a protocol and entered into the primary medical documents. At the request of the person in respect of whom the decision of the medical commission has been made, an extract from the protocol of the decision of the medical commission is issued, which is signed by the chairman (or deputy) of the medical commission and certified by the seal of the medical organization.

The decision of the medical commission (sub-commission of the medical commission) is drawn up in the form of a protocol, which contains the following information:

1. Date of the meeting of the medical commission (its sub-commission).
2. List of members of the medical commission (its sub-commission) who attended the meeting.

3. List of issues to be discussed.
4. Decisions of the medical commission (its sub-commission) and its justification.

The secretary of the medical commission (sub-commission of the medical commission) enters the decision into the patient's medical documentation, as well as into the journal. An extract from the protocol of the decision of the medical commission is given to the patient or his legal representative on the basis of a written application.

The protocols of the decisions of the medical commission (sub-commission of the medical commission) are subject to storage for 10 years.

The Chairman of the medical commission quarterly, as well as at the end of the year, submits to the head of the medical organization a written report on the work of the medical commission and its subcommissions.

The activities of the medical commission and its sub-commissions are monitored by the head of the medical organization.

FACTORS AFFECTING THE DURATION OF DISABILITY

There are some factors affecting the duration of disability.

- The severity of the disease. The worse the patient feels, the longer the period of temporary disability.
- Prognosis of the course of the disease. The length of sick leave depends on whether the prognosis is favorable in terms of the possibility of restoring the patient's ability to work.
- Type of medical care. For example, in severe diseases (heart attack, stroke, oncology, tuberculosis), the period of disability can reach 4-12 months.
- Surgery or injury. After complex operations and injuries, sick leave is granted for up to 10 months, depending on the recovery process.
- The period of pregnancy and childbirth. In the case of uncomplicated singleton pregnancy, the sick leave is set for 140 days, with multiple pregnancies, its duration increases to 194 days.

- The type of agreement. If an employment contract with an employee is concluded for a period of no more than 6 months, the maximum duration of sick leave that will be paid to him is 75 days.

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ASSESSMENT OF TEMPORARY DISABILITY IN THE CLINIC OF INTERNAL DISEASES

учебно-методическое пособие

данные указывает изд-во