



On approval of the Rules for Conducting Military Medical Examination and the Regulations on Commissions for Military Medical Examination in the Armed Forces of the Republic of Kazakhstan

Unofficial translation

Order of the Minister of Defense of the Republic of Kazakhstan dated December 21, 2020 No . 716. Registered with the Ministry of Justice of the Republic of Kazakhstan on December 22, 2020 No. 21869.

Unofficial translation

In accordance with subparagraph 10) of paragraph 1 dated Article 11 of the Code of the Republic of Kazakhstan "On the health of the people and the health care system," **I hereby ORDER:**

Footnote. Preamble - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 14.07.2022 № 522 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

1. To approve:

- 1) Rules for conducting military medical examination in the Armed Forces of the Republic of Kazakhstan in accordance with Annex 1 to this order;
- 2) Regulations on commissions of military medical expertise in the Armed Forces of the Republic of Kazakhstan according to Annex 2 to this order.

2. To recognize as invalid some orders of the Minister of Defense of the Republic of Kazakhstan according to the list, according to Annex 3 to this order.

3. The Chief Military Medical Directorate of the Armed Forces of the Republic of Kazakhstan, in accordance with the procedure identified by the legislation of the Republic of Kazakhstan, shall:

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

2) place this order on the Internet resource of the Ministry of Defense of the Republic of Kazakhstan after its first official publication;

3) within ten calendar days from the date of state registration submit to the Legal Department of the Ministry of Defense of the Republic of Kazakhstan the information on the implementation of the measures provided for in subparagraphs 1) and 2) of this paragraph.

4. Control over the execution of this order shall be entrusted to the supervising Deputy Minister of Defense of the Republic of Kazakhstan.

5. This order shall be brought to the officials notice in units, in respect of them.

6. This order shall enter into force within ten calendar days after the date of its first official publication.

*Minister of Defense
of the Republic of Kazakhstan*

N. Yermekbayev

"AGREED"
Ministry of Health
of the Republic of Kazakhstan

Annex 1
Approved
by order of the Minister of Defense
of the Republic of Kazakhstan
dated December 21, 2020 №716

Rules of military medical examination in the Armed Forces of the Republic of Kazakhstan

Chapter 1. General provisions

1. These Rules of military medical examination in the Armed Forces of the Republic of Kazakhstan (hereinafter referred to as the Rules) shall determine the procedure for military medical examination (hereinafter referred to as the MME) in the Armed Forces of the Republic of Kazakhstan (hereinafter referred to as the Armed Forces of the Republic of Kazakhstan) and the bodies of the military prosecutor's office.

Footnote. Paragraph 1 – in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 04.01.2023 № 3 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

2. MME shall be carried out to determine:

- 1) categories of suitability of citizens for military service (military training), as well as for accounting purposes for health reasons;
- 2) the causal connection of diseases, mutilations (wounds, injuries, contusions) (hereinafter referred to as mutilation) and death (fatality) of citizens of the Republic of Kazakhstan in connection with military service (performance of duties), military training;
- 3) the severity of injuries that did not entail disability received by military personnel in the performance of military service duties;
- 4) psychophysiological qualities of the identity of citizens of the Republic of Kazakhstan entering the service of state aviation and aviation personnel.

3. The category of suitability of citizens for military service (military training), as well as for accounting purposes, shall be determined by a medical examination.

Medical examination shall be carried out:

- to citizens attributed to conscription centers called up for military service and entering military educational institutions subordinate to the Ministry of Defense of the Republic of Kazakhstan, as well as military departments (faculties) at higher educational institutions;
- citizens entering military service, including by contract;

military personnel doing military service by conscription or contract;
cadets of military educational institutions (hereinafter referred to as university), cadets and pupils;

military personnel selected for service and serving with radioactive substances, ionizing radiation sources, rocket fuel components, sources of electromagnetic fields, laser radiation;
aviation personnel of state aviation;

citizens who shall be in reserve, when called up for military training, or for accounting purposes.

4. When conducting a medical examination, military medical commissions (hereinafter referred to as MMC), medical flight commissions (hereinafter referred to as MFC) and medical commissions of local executive bodies (hereinafter referred to as LEB) shall issue conclusions in accordance with these Rules and the Requirements imposed on the health status of persons for service in the Armed Forces, other troops and military formations of the Republic of Kazakhstan (hereinafter referred to as the Requirements), approved by order of the Minister of Defense of the Republic of Kazakhstan dated December 22, 2020 № 722 (registered in the State Register of Normative Legal Acts under № 21863).

Footnote. Paragraph 4 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

4-1. MME of military personnel of the military prosecutor's office shall be carried out in accordance with these Rules.

Footnote. The Rules as added by paragraph 4-1 in accordance with the order of the Minister of Defense of the Republic of Kazakhstan dated 04.01.2023 № 3 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

Chapter 2. Medical examination of citizens assigned to conscription sites, called up for military service, entering for training in military-technical and other specialties

Footnote. Title of the Chapter 2 – in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

5. Medical examination of citizens assigned to conscription sites, called up for military service, entering for training in military-technical and other specialties, shall be carried out by the medical commission of the local executive body (hereinafter referred to as the LEB).

Prior to the medical examination, the specialist doctor of the medical commission of the LEB shall verify the identity of the person being examined.

During the medical examination of citizens subject to registration for conscription and conscription for military service, entering for training in military-technical and other specialties, the following are checked:

information (certificates) received from the medical information system and medical organizations (regardless of ownership) on the state of dispensary registration for chronic diseases and infectious and parasitic diseases suffered over the past twelve months, information on intolerance (increased sensitivity) of drugs and other substances, information on annual preventive medical examinations;

documents according to forms of accounting and reporting documentation in the field of health care, approved in accordance with subparagraph 31) of Article 7 of the Code (hereinafter referred to as forms of accounting and reporting documentation): an outpatient medical card, a preventive examination (screening) card, a pre-conscript medical card (if available for persons called up for military service);

radiographs, protocols of special research methods and medical documents characterizing the state of health of citizens.

Footnote. Paragraph 5 in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

6. Citizens who shall be subject to registration for conscription sites and conscription for military service, entering for training in military-technical and other specialties, no earlier than thirty working days before the medical examination are carried out:

- 1) complete blood count and urine;
- 2) microprecipitation reaction (microreaction) to syphilis;
- 3) electrocardiography (hereinafter referred to as ECG);
- 4) echocardiography;
- 5) fluorographic (X-ray) examination of the chest organs (no later than three months on the day of medical examination);
- 6) ultrasound examination of the abdominal cavity and kidneys;
- 7) blood test for brucellosis (working in animal husbandry and (or) having cattle on a personal farm).

Footnote. Paragraph 6 – in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

7. Information obtained from the medical records of healthcare organizations, as well as the results of laboratory and instrumental research methods conducted during the medical examination shall be recorded in the conscript's account card.

Fluorograms (X-rays) shall be in the personal file of the person examined within the expiry of the military service, after which they shall be returned to the relevant medical organizations, where they shall be stored in fluorographic films or on electronic media for one year.

8. Medical examination of citizens shall be carried out in accordance with the Instructions for conducting medical examination in accordance with Annex 1 to these Rules.

9. In addition to determining the fitness for military service and the purpose indicator, the medical commission shall determine the level of health status, which shall be recorded as a scheduled screening medical examination in order to determine the further medical preventive work.

10. Citizens recognized when registering for conscription sites (conscription for military service) in need of examination (treatment) shall be taken into account in defense departments (departments) (hereinafter referred to as O(Y)ДO) according to the list of temporarily not fit for military service or according to the list of fit for military service with minor restrictions and information about them within ten working days after the end of registration (conscription for military service) shall be transferred to medical organizations and local public healthcare authorities.

The heads of medical organizations and local public health authorities, according to the specified list, ensure timely examination (treatment) of citizens.

Upon completion of the examination and (or) treatment, the doctor or the responsible individual of medical organizations and local public healthcare authorities shall send a pre-conscription medical card and medical documents characterizing the state of health of citizens according to the forms of accounting and reporting documents to the O(Y)ДO within seven working days.

Footnote. Paragraph 10 – in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

11. In order to determine the state of health and (or) clarify the diagnosis of a disease or physical disability in a citizen subject to registration for conscription (conscription for military service), the registered (conscription) commission shall send him for outpatient or inpatient examination to medical organizations. In the direction for examination (treatment) according to the form, in accordance with Annex 2 to these Rules, the name of the medical organization, the preliminary diagnosis, what shall be required to be clarified and the deadline for re-appearance with the results of the examination (treatment) for a second medical examination shall be indicated. Examination (treatment) of citizens in medical organizations shall be carried out taking into account the main and concomitant diseases.

The referral shall be issued to citizens who are subject to registration for conscription sites (conscription for military service) when they announce the decision of the assigned (conscription) commission.

The direction shall be accompanied by a health study certificate (hereinafter referred to as the certificate) in the form in accordance with Annex 3 to these Rules, an outpatient medical record and medical documents characterizing his state of health.

At the end of the examination (treatment), an act shall be filled in, which shall be signed by the doctor who conducted the examination (treatment), the head of the department and the head of the medical organization (chief physician), and certified by the stamp of the medical

organization. The act shall indicate the results of laboratory and instrumental research methods and objective data confirming the main and concomitant diagnoses. The diagnosis shall be made in accordance with the international classification of diseases, the stage of the disease or physical disability, the stage of compensation, functional disorders of the affected organ (system) shall be also indicated.

Upon returning from the examination (treatment), the citizen shall be subject to a second medical examination. If, after a second medical examination, a citizen is declared temporarily not fit for military service or fit for military service with minor restrictions, then he is taken into account according to the list of temporarily not fit for military service or according to the list of fit for military service with minor restrictions.

Footnote. Paragraph 11 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

12. When conducting a medical examination, a specialist doctor of the medical commission of the LEB records the diagnosis in accordance with the international classification of diseases (in the absence of diseases, an entry is made - "healthy"), a conclusion on the category of fitness for military service in accordance with the Requirements , paragraphs and subparagraphs of the Requirements. In the case when a citizen is recognized as fit for military service with minor restrictions, but needs oral sanitation or vision correction , the conclusion of the specialist doctor of the medical commission of the LEB is supplemented with the entry "Needs treatment (oral sanitation, vision correction)."

Footnote. Paragraph 12 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

13. Citizens, upon registration or conscription for military service, entering for training in military-technical and other specialties recognized as fit for military service or fit for military service with minor restrictions, the medical commission of the LEB in the conscript's account card, after concluding on the category of fitness for military service, establishes an indicator of purpose by type and kind of troops in accordance with the Requirements.

Footnote. Paragraph 13 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

14. In case of diseases for which, in accordance with the Requirements, temporary not fit for military service is provided, in relation to citizens assigned to conscription sites, called up for military service, entering for training in military-technical and other specialties, the medical commission of the LEB issues a conclusion on temporary not fit indicating the period .

A conclusion on temporary not fit for military service shall be made for a period of three to six months, which, if the medical and expert outcome of the disease has not been

determined, is made again, the period of temporary not fitness does not exceed twelve months , after which a second medical examination is carried out.

In the event that the examination (treatment) of citizens is completed before the end of the work of the registration commission or draft commission (current conscription for military service), a conclusion on temporary not fit for military service is not issued, and the specialist doctor of the medical commission of the LEB issues a conclusion on the need for examination (treatment) indicating the date of appearance for a second medical examination.

Citizens, after the expiration of the period of temporary not fitness for military service, a second medical examination shall be carried out and the medical commission of the LEB issues a conclusion on the suitability or non-suitability for military service.

Footnote. Paragraph 14 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

15. The medical commission of the regional (city of republican significance or the capital) draft commission conducts at the regional (city of republican significance or the capital) assembly point a control medical examination of citizens called up by the district (city, city of regional significance) draft commission for military service.

Citizens who, as a result of a control medical examination at a regional (city of republican significance or capital) assembly point, have identified diseases or physical disabilities that impede military service, are sent to the O (Y) ДО at the place of conscription to conduct a second medical examination and determine the category of fitness for military service, taking into account newly identified circumstances.

For each returned citizen, a doctor-specialist of the regional medical commission (city of republican significance or capital) of the draft commission shall draw up a medical examination sheet in accordance with Annex 4 to these Rules (hereinafter referred to as the medical examination sheet).

Footnote. Paragraph 15 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

16. The book of protocols of the assigned (draft) commission records a brief history, data from an objective study, results of laboratory and instrumental research methods, diagnosis, as well as the decision of the assigned (draft) commission.

Footnote. Paragraph 16 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

17. Citizens enrolled in military teams at regional (cities of republican significance or the capital) collection points shall be tested for the presence of narcotic substances in the body and tested for HIV infection.

Footnote. Paragraph 17 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

18. The validity of granting citizens deferrals or exemption from conscription for military service for health reasons shall be verified by examining by specialist doctors of the medical commission of the regional (city of republican significance or capital) draft commission all personal files of conscripts, medical documents confirming the established diagnosis and conclusion, and (or) selective medical examination of these citizens.

Based on the results of checking documents and (or) a random medical examination, the regional (city of republican significance or the capital) draft commission in the conscript's account card shall make a mark on the approval of the decision of the district (city, city of regional significance) draft commission or sending a citizen for a second medical examination

Footnote. Paragraph 18 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

19. Citizens who shall have declared disagreement with the conclusion of the medical commission about their suitability (not fitness) for military service are also subject to repeated medical examination.

Footnote. Paragraph 19 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

20. The regional (cities of republican significance or the capital) draft commission shall notify the district (city, cities of regional significance) draft commissions about the timing, place of the second medical examination and citizens subject to the second medical examination.

Footnote. Paragraph 20 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

21. A citizen shall be sent for a second medical examination with a personal file and medical documents confirming the established diagnosis and conclusion.

If a citizen changes the category of fitness for military service as a result of a second medical examination, the specialist doctor of the medical commission draws up a medical examination sheet and the regional (city of republican significance or capital) draft commission cancels the decision of the lower draft commission and makes its decision, which is drawn up in the book of protocols and account card of the conscript, and is announced to the citizen.

Footnote. Paragraph 21 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

22. The conscript's account card, medical examination sheet, as well as an extract from the book of minutes of meetings of the regional (city of republican significance or the capital) draft board, certified by the seal of the Department of Defense (hereinafter referred to as the DD), shall be sent to the draft board, the decision of which has been revised. If, as a result of a second medical examination, the decision of the district (city, city of regional significance) draft commission does not change, then a brief record of its approval is made in the book of protocols and the conscript's account card, and the medical examination sheet is not drawn up.

Footnote. Paragraph 22 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

23. The study of the activities of the medical commission of district (cities of regional significance) draft commissions shall be carried out by studying the data of the book of protocols of the draft commission of the region (cities of republican significance and the capital), checking personal files and conducting a medical examination and examination of citizens recognized as temporarily not fit for military service or not fit for military service.

24. Servicemen called up for military service, upon arrival at the place of military service, undergo an initial medical examination. Conscripts who, as a result of an initial medical examination, shall have diseases that impede military service on conscription, in accordance with the Requirements, shall be sent for a medical examination. Medical examination shall be carried out by hospital military medical commissions (hereinafter referred to as the MMC).

Conclusions of specialist doctors shall be recorded in the medical book of the serviceman, the conclusion of the MMC - in the book of minutes of meetings of the MMC in the form in accordance with Annex 5 to these Rules (hereinafter referred to as the the book of minutes of meetings of the MMC).

Footnote. Paragraph 24 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

25. Military personnel who shall not be reasonably called up for urgent military service for health reasons shall be subject to a medical examination by the MMC hospital. At the same time, the conclusion of the MMC shall be drawn up by a certificate of disease in form, according to Annex 6 to this Rules (hereinafter referred to as a certificate of disease) and approved by a regular MMC.

26. The full-time MMC shall send a copy of the approved disease certificate to the local public health authorities and DDs at the place of conscription of the serviceman within five working days after approval.

Footnote. Paragraph 26 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

27. The regular MMC, DD of the region (cities of republican significance or the capital), together with local state health authorities, shall keep records of cases and study the reasons for the unjustified conscription of citizens for military service for health reasons and take measures to improve the quality of examination and medical examination of citizens called up for military service.

At the same time, a card for studying the reasons for the unjustified conscription of a citizen for military service for health reasons shall be filled out in accordance with Annex 7 to these Rules.

Footnote. Paragraph 27 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

28. Persons exempted from conscription for term military service after reaching twenty-seven, when registering them for military duty, shall be subject to a medical examination only in the absence of previous decision of the conscription commission.

29. Medical examination of citizens entering for training in military-technical and other specialties shall be carried out by doctors-specialists of medical commissions of the LEB of the district (city of regional significance) or region (city of republican significance or capital).

Footnote. Paragraph 29 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

Chapter 3. Medical examination of citizens entering military educational institutions that implementing programs of general secondary education and students

30. Citizens entering (hereinafter referred to as candidates) military educational institutions that implementing programs of general education of general secondary education (hereinafter referred to as schools), medical examination shall be carried out upon arrival at schools by temporarily operating regular MMC, the composition of which shall be determined in accordance with paragraph 15 of the Regulation on commissions of military medical examination of the Armed Forces of the Republic of Kazakhstan (hereinafter referred to as the Regulation).

31. Before the start of medical examination, the following activities shall be carried out:

1) obtaining information (certificates) from mental health and phthisiopulmonology centers, and medical organizations (regardless of the form of ownership) on the status of dispensary registration for chronic diseases and infectious and parasitic diseases suffered during the last twelve months, information on intolerance (hypersensitivity) to medications and other substances, information on annual preventive medical examinations. In the presence

of interaction between state information systems, medical information (data) shall be obtained from electronic information resources and information systems in the field of healthcare;

2) examination of medical documents characterizing the health status of citizens, in accordance with the form of accounting documentation in the field of healthcare, approved by the order of the acting Minister of Healthcare dated October 30, 2020, № ҚР ДСМ-175/2020, (registered in the State Register of Normative Legal Acts under № 21579): outpatient medical record (form 052/y), preventive examination (screening) card (form 055/y), preventive vaccination card (form 065/y), medical certificate (medical professional advisory opinion) on the state of health (form № 075/y), radiographs, protocols of special research methods;

3) no earlier than thirty calendar days before the start of the medical examination:

general blood test;

microprecipitation reaction (microreaction) to syphilis;

general urine analysis;

electrocardiography at rest (after exercise – as indicated);

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

echocardiography.

Footnote. Paragraph 31 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

32. Before the start of a medical examination, the school shall verify the completeness of the list of submitted information and the results of medical examination.

33. Persons who, according to medical organizations, have chronic diseases or physical disabilities that prevent them from entering schools shall not be sent for medical examination.

34. At the school, a medical examination card of a citizen entering a military educational institution in form, according to Annex 8 to these Rules, shall be drawn up for a candidate.

35. During examination, medical documents of the previous observation of the candidate's state of health and anamnestic data of the examined candidate shall be examined.

36. During the medical examination, additional laboratory and instrumental methods of examination shall be carried out to determine the state of health.

37. In order to clarify the diagnosis, the candidate shall be sent for examination to military medical institutions (medical organizations), which shall be completed during the work of the MMC. In the direction of examination (treatment), the name of the military medical institution (medical organization), diagnosis, and the purpose of the examination shall be indicated.

38. If a disease is detected that prevents admission to school, further medical examination of the candidate shall be stopped, a medical examination sheet shall be drawn up by a specialist doctor and the MMC shall conclude on unfit for admission to school.

39. Based on the results of the medical examination, a temporary regular MMC shall make a conclusion on the fitness (unfitness) for receipt (at the same time, paragraphs of the Requirements shall be indicated on the basis of which the MMC conclusion had been issued).

40. The results of the examination and the conclusion of the MMC shall be recorded in the book of minutes of the meetings of the MMC, a record of the medical examination of a citizen entering a military educational institution.

41. The medical certificate of a citizen entering a military educational institution and the medical certificate of a citizen who had been declared unfit for admission to school during a medical examination shall be sent to the regular MMC for accounting and analysis no later than seven calendar days after the completion of the medical examination.

42. In case of changes in the state of health, providing for a revision of the category of fitness for training, students shall be sent for medical examination to temporary regular (garrison, hospital) MMC.

43. The conclusion of the MMC on students recognized as fit for training shall be drawn up by a certificate of disease, and shall be subject to approval in the regular MMC.

Chapter 4. Medical examination of citizens and military personnel entering military educational institutions, including foreign countries, implementing technical and professional, higher, postgraduate education programs, as well as military departments (faculties) at higher educational institutions

44. The preliminary medical examination of citizens entering military educational institutions (hereinafter referred to as candidates) shall be carried out by the medical commission of the local executive body of the region, the city of republican significance, the capital, the city and the region (hereinafter referred to as the medical commissions of the Ministry of Education), and military personnel and graduates of military educational institutions implementing general secondary education programs - temporary (temporarily) regular MMC.

45. Before sending for a medical examination, a card of a medical examination of a citizen entering a military educational institution shall be drawn up: for candidates - in departments (directorates) for defense affairs (hereinafter referred to as D (D)AD), for military personnel - in military units, for graduates of military educational institutions implementing general secondary education programs - at school.

46. Before the start of medical examination, candidates shall submit medical documents to D(D)ADs in accordance with the Rules of paragraph 31, of subparagraphs 1), 2) (in the existence of information systems, the D(D)ADs shall receive information on their own).

Candidates who, according to medical organizations, shall have chronic diseases or physical disabilities that prevent admission to a university shall not be sent for a medical examination.

47. Candidates shall submit the results of medical examinations conducted no earlier than thirty calendar days before the start of the medical examination to the medical commissions of the MMC:

- 1) general blood test;
- 2) microrecipitation reaction (microreaction) to syphilis;
- 3) general urine analysis;
- 4) radiography of the appendage sinuses of the nose;
- 5) ECG at rest (after load - according to readings);
- 6) fluorographic (X-ray) examination of the chest organs shall be carried out no later than three months on the day of medical examination;
- 7) blood test for brucellosis (working in animal husbandry and (or) having livestock in a personal farm).

48. The military personnel entering the university shall be sent for medical examination with a medical record showing the results of the annual preventive medical examinations, the request for medical care, issued in the form of an epicrise and the results of studies specified in the Rules of paragraph 47.

49. In the absence of the results of annual preventive medical examinations in the medical books of military personnel in recent years, a preliminary medical examination shall make a conclusion of the MMC on their referral to a hospital examination, followed by a medical examination of the hospital MMC.

If the military personnel do not have a medical record, no medical examination shall be carried out.

50. During the preliminary medical examination of candidates, additional laboratory, instrumental examination methods shall be carried out on the basis of indications to determine the health status.

51. The results of the examinations carried out, as well as information on all previously obtained preventive vaccinations and intolerance (hypersensitivity) of medicines and other substances, shall be recorded and attached to the record card of the medical examination of a citizen entering a military educational institution.

52. In order to clarify the diagnosis, the candidate shall be sent for examination to medical organizations. In the direction of examination (treatment), the name of the medical organization (military medical institution), diagnosis, and the purpose of the examination shall be indicated.

A report shall be attached to the direction, a medical record of the ambulatory patient and medical documents characterizing the state of health.

52-1. Candidates entering military educational institutions implementing technical, vocational and higher education programs who are suitable for health reasons to study (admission), shall undergo a final medical examination at military educational institutions.

Footnote. Chapter 4 has been supplemented with paragraph 52-1 in accordance with the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

53. The final medical examination of candidates (in addition to those entering the university implementing postgraduate education programs) shall be carried out by temporary (permanently) regular MMC to determine the fitness for admission to the university.

54. If a disease is detected that prevents admission to the university, further examination shall be stopped, a medical examination sheet shall be drawn up by a specialist doctor and the MMC shall conclude that it shall be unfit for admission to the higher educational institutions.

55. Candidates (military personnel) having gone for medical examination at revenues to flying specialties of higher educational institutions on training of aviation personnel:

1) normal color feeling and visual acuity not lower than 1.0 without correction for each eye;

2) hearing to whisper speech shall be not less than 6/6;

3) blood pressure not higher than 130/80 and not lower than 105/60 millimeters of mercury;

4) body mass index not lower than 18.5 and body mass not more than 90 kilograms;

5) height not less than 165 centimeters and not more than 186 centimeters;

6) leg length not less than 80 centimeters;

7) arm length not less than 76 centimeters;

8) height in a sitting position at least 80 centimeters and no more than 93 centimeters.

56. Before being sent for a preliminary medical examination to the D(D)ADs or military units for candidates for training meeting these requirements, medical documents shall be drawn up in accordance with the Rules of paragraphs 45, 46, 48 and in addition to the examination specified in the Rules of paragraph 47, the following shall be carried out:

1) electrocardiography in twelve leads (at rest and after physical exertion);

2) ultrasound examination of the thyroid gland, heart and genitourinary system;

3) blood testing for sugar and hepatitis B and C markers;

4) examination of color perception, visual acuity, refraction by skiascopy or refractometry under resting conditions and cycloplegia;

5) examination of nasal respiration, sense of smell, ear barofunction, hearing on whispering and spoken speech, vestibular and otolytic apparatus.

57. Candidates entering the flight specialties of the higher educational institutions for the training of aviation personnel shall be subject to final medical examination by temporary medical and expert aviation medical commission (hereinafter referred to as EAMC).

58. If EAMC specialists identified a disease on a candidate impeding the flight training he shall undergo a medical examination with other specialist doctors, but shall be exempted from performing special load tests.

Candidates who have not been identified with diseases that impede flight training shall be conducting special examinations: tests in the barocamera for tolerability of high-altitude hypoxia and barometric pressure differences, vestibulometry, tonal audiometry and electroencephalography.

Tests in the pressure chamber and vestibulometry shall not be carried out on the same day.

59. The study of the psychophysiological qualities of candidates entering the flight specialties of the higher educational institution for the training of aviation personnel shall be carried out by medical personnel of the military educational institution with training in the psychophysiology of flight labor.

60. During the final examination of candidates for medical reasons, laboratory, radiological and other studies shall be repeated. To clarify the diagnosis, the MMC (EAMC) shall send a citizen for examination to a medical organization (military medical institution), which shall end during the work of the MMC (EAMC).

61. Military personnel entering higher educational institutions, including foreign countries, implementing higher and postgraduate education programs, in the presence of a disease, according to which the Requirements shall provide for an individual assessment of the category of fitness for military service or temporary unfit for military service, shall be considered unfit for admission to the university.

62. If military personnel identify a disease in which the Requirements provide for fitness for limited military service or unfit for military service, the specialist doctor shall make a conclusion about unfitness for admission to the higher educational institution and the need for examination and examination at the place of military service to determine the category of fitness for military service.

63. According to the results of the medical examination, a temporary (permanently) regular MMC (EAMC) shall make a conclusion on the fitness (unfitness) for admission to the university. At the same time, the items of the Requirements shall be indicated, on the basis of which the MMC conclusion had been issued.

64. The results of the medical examination shall be recorded in the book of minutes of meetings of the MMC (EAMC), a card of the medical examination of a citizen entering higher educational institution, and military personnel, including a medical book.

A medical examination sheet shall be drawn up for candidates recognized as unfit for admission to the higher educational institution, and a detailed justification for the cause of unfitness shall be recorded in the book of minutes of meetings of the MMC (EAMC).

65. Information on persons declared unfit for admission to the university at the final medical examination, temporary regular MMC (EAMC) shall send to the regular MMC no later than seven calendar days after the end of the medical examination.

66. The medical examination card of a citizen entering a military educational institution and the medical examination sheet, recognized at the final medical examination as unfit for admission to higher educational institution, shall be sent to the DAD of the region (cities of

republican significance or capital), garrison (hospital) MMC (EAMC), which conducted preliminary selection, for analysis and quality improvement

DAD regions (the city of republican value or the capital), garrison (hospital) MMC (EAMC) results of studying the received documents and the taken measures for improvement of quality of preliminary medical examination shall send to the central military-medical commission of the Ministry of Defense of the Republic of Kazakhstan (hereinafter referred to as CMMC Ministry of Defense of the Republic of Kazakhstan) no later than one month from the date of obtaining documents.

67. Medical examination of military personnel entering higher education institutions implementing postgraduate education programs shall be carried out by freelance permanent military military-technical organizations at the place of military service, the results of the examination shall be drawn up by a certificate of medical examination in form, in accordance with Annex 9 to these Rules (hereinafter referred to a certificate of medical examination), one copy of which shall be sent to the regular MMC for control.

68. Medical examination of citizens studying in higher educational institutions and selected for training under the training programs for reserve officers and reserve sergeants at military departments (hereinafter referred to as the students) shall be carried out by medical commissions of local executive bodies (hereinafter referred to as the LEB) before the start of training.

Military departments issue medical examination cards for students entering a military educational institution. Before the start of the medical examination, students shall submit to the medical commission of the Ministry of Education and Science the medical documents specified in subparagraphs 1), 2) of paragraph 31 of these Rules, the results of medical research specified in paragraph 47 of these Rules and a certificate of registration to the recruiting station.

In the process of medical examination, additional laboratory, instrumental research methods shall be carried out to determine the state of health.

Medical examination of students before military (training) fees shall be carried out by medical commissions of the LEB. According to the results of the examination, a conclusion shall be made: "Fit (not fit) for military (training) training."

Footnote. Paragraph 68 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 14.07.2022 № 522 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

Chapter 5. Medical examination of citizens entering military service under the contract

69. When entering the military service under the contract, before sending for medical examination to DD(A)D (for military personnel in military units), cards of medical examination of a citizen entering the military service under the contract according to the forms drawn up, according to these Rules of Annex 10.

Within thirty calendar days prior to the start of the medical examination, citizens entering the military service under the contract in DD (A) D shall submit medical documents in accordance with paragraphs 31, subparagraph 1), 2) of the Rules.

70. Those persons entering the military service under the contract, within thirty calendar days before the medical examination, shall be carried out:

- 1) general blood test;
- 2) microrecipitation reaction (microreaction) to syphilis;
- 3) general urine analysis;
- 4) ECG at rest (after load - according to readings);
- 5) fluorographic (X-ray) examination of chest organs not later than three months on the day of examination;
- 6) radiograph of nasal appendage sinuses;
- 7) blood examination for viral hepatitis B and C markers;
- 8) blood testing for HIV infection;
- 9) blood test for sugar;
- 10) blood test for brucellosis (working in livestock and (or) having livestock in a personal farm);
- 11) measurement of intraocular pressure of persons over forty.

For medical reasons, additional medical research shall be carried out.

71. Medical examination shall be carried out by the medical commission of the Ministry of Defense, as well as by freelance permanent military medical commissions (hereinafter referred to as the MMC) of military medical (medical) institutions (organizations) of the Armed Forces of the Republic of Kazakhstan, in cases provided for by the Rules for military service in the Armed Forces, other troops and military formations of the Republic of Kazakhstan, approved by the Decree of the President of the Republic of Kazakhstan dated May 25, 2006 № 124 (hereinafter referred to as the Rules for military service)

Before being sent to military units or regional commands (hereinafter referred to as the RC), citizens shall be tested for the presence of narcotic substances in the body, the results of which are recorded in the medical examination card of a citizen entering military service under a contract.

Conscripts entering military service under a contract shall be sent for a medical examination with a medical record in which an epicrisis shall be drawn up with a reflection of requests for medical care and the results of research specified in paragraph 70 of these Rules.

Footnote. Paragraph 71 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 14.07.2022 № 522 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

72. To clarify the diagnosis of the disease, a citizen shall be sent for an ambulatory or hospital examination to a medical organization (military medical institution).

At the same time, the LEA medical commission (temporary regular MMC) shall make a conclusion: "Subject to examination."

Attached to the referral for examination (treatment) shall be the act of examination of the state of health, the medical record of the ambulatory patient and other medical documents characterizing the state of health of the citizen.

If it is impossible to complete the medical examination of the examined person within one month, as well as in case of failure to submit the results of the appointed medical examination within the deadline, the LEA medical commission (temporary regular MMC) shall make a conclusion: "The conclusion has not been issued in connection with the non-admission for a medical examination (under-examination)."

If a citizen refuses to be examined, the LEA medical commission (temporary regular MMC) shall make a conclusion: "Unfit for admission to military service under the contract."

73. Citizens who, for health reasons, shall be unfit for military service or shall be fit for military service with minor restrictions depending on the type and type of troops (service) in accordance with the Requirements shall be recognized as fit for military service under the contract.

74. If in the direction of a medical examination it is indicated about determining the fitness for military service in the form and type of troops of the Armed Forces of the Republic of Kazakhstan, for training (service) in a military-accounting specialty, in relation to citizens recognized as fit for admission to military service under the contract, a temporary regular MMC shall issue a corresponding conclusion.

75. In cases of diseases for which, in accordance with the Requirements, an individual assessment of the category of fitness for military service is provided, the medical commission of the LEA (temporary regular MMC) shall make a conclusion "Unfit for admission to military service under the contract."

76. If a medical examination of pregnancy or diseases preventing entry into military service under a contract is detected, further medical examination ceases, and the medical commission of the LEA (temporary regular MMC) shall make a conclusion: "Unfit for admission to military service under the contract," while the conclusion on the category of fitness for military service shall not be made.

The same conclusion shall be issued in respect of persons declared temporarily unfit for military service under the contract.

Chapter 6. Medical examination of military personnel serving on conscription or contract, trainees and cadets (cadets) of military educational institutions

77. The decision to send a medical examination shall be made:

1) in relation to military personnel of military service, - commanders (chiefs) of military units (institutions), garrison chiefs, DDO chiefs, military court or prosecutor's office, investigative body;

2) in respect of officers serving on conscription - commanders (chiefs) of military units (institutions), chiefs of the DD, military court or prosecutor's office, investigative body;

3) to military personnel performing military service under a contract – by direct chiefs of the office from the commander of a military unit and above, a military court or military prosecutor's office, an investigative body;

4) to students, cadets and cadets of military educational institutions - heads of educational institutions, military court or military prosecutor's office, investigative body.

78. Referral for medical examination of military personnel shall be issued by commanders (chiefs) of military units (institutions) or the head of the personnel body of types and branches of the Armed Forces of the Republic of Kazakhstan with reference to the decision of the direct commander (chief).

79. In the event of the detection during the examination or treatment of military personnel of urgent military service, diseases that change the category of fitness for military service, a medical examination shall be carried out by written order of the head of the military medical institution.

80. For persons sent for medical examination, the following shall be submitted to the temporary regular MMC:

1) referral for medical examination according to the form, according to Annex 11 to this Regulation;

2) medical book;

3) information on the service activity of military personnel in by form, in accordance with Annex 12 to these Rules;

4) information on the state of health of military personnel by form, in accordance with Annex 13 to the Rules.

The information on performance shall reflect the influence of the state of health of the person being examined on the performance of his duties as a military service in his position and the opinion of the command on the purposefulness of retaining military personnel in military service.

In the data on the state of health, the results of a preventive medical examination over the past three years, the results of a dynamic observation of the state of health of the examined, information on the access to medical care shall be indicated. The information given shall be confirmed by the data of the medical book and other medical documents;

5) a certificate of injury in form, according to Annex 14 to these Rules, for persons who received an injury during military service, indicating their connection with the performance of military service duties.

No medical examination shall be carried out for persons without the above documents or documents improperly executed.

81. Medical examination of military personnel to decide whether to grant leave or release from military service due to disease (pregnancy) shall be carried out by written order of the head (deputy chief for medical affairs) of a military medical institution.

82. Medical examination of military personnel shall be carried out with a determined medical and expert outcome.

A defined medical-expert outcome shall refer to such a state of health when the presence of a persistent disorder of the function of a body or system shall be confirmed by dynamic observation for at least a year and (or) when further treatment shall not lead to a change in the category of fitness for military service.

83. The medical examination of military personnel performing military service under the contract shall be carried out by temporary regular (garrison or hospital) MMC ambulatory or hospital within three to fourteen calendar days from the day of the beginning of the examination.

In the event that, due to the ambiguity of the diagnosis of disease, injury and their consequences, the hospital medical examination of the military personnel shall be delayed and shall not be fit within the specified period, his examination shall be extended by written order of the head of the military medical institution for a period of not more than seven days, which shall be notified to the commander of the military unit (head of the institution) or the personnel body that sent the military personnel for medical examination.

Monitoring of compliance with the terms of the examination and the completeness of the examination shall be entrusted to the head of the department of the military medical institution in which the examined person shall be hospitalized.

84. Military personnel, during an ambulatory examination and examination, shall be released from duty for a period of no more than three days.

85. If there are diseases that impede military service, in accordance with the Requirements , or if the age limit is reached in military service, medical examination shall be carried out by hospital MMC.

In cases where, due to health reasons, transportation of military personnel to a military medical institution is contraindicated, a medical examination shall be carried out on an ambulatory basis of a temporary regular hospital (garrison) MMC by decision of regular MMC.

86. In the event of a medical examination of military personnel by temporary regular MMC, if there are grounds that the consequences of injury or disease for which he is examined shall not be related to military service, MMC shall request medical documentation and certificates of military service.

87. In order to determine the fitness for continuing training for health reasons, students, cadets shall be sent for medical examination to a temporary regular (garrison or hospital) MMC.

88. In relation to cadets of military educational institutions, under the age of eighteen, a temporary regular MMC shall make a conclusion only on the fitness (unfitness) for training.

89. In relation to cadets of military educational institutions who have reached the age of eighteen, a temporary regular MMC shall make a conclusion on their fitness for military service in accordance with the Requirements.

90. When making conclusions providing for temporary unfit for military service, the final conclusion of the MMC on the fitness for further training and military service is adopted upon expiry of the release period, sick leave.

91. Medical examination of military personnel injured in the performance of military service duties shall be carried out upon completion of treatment in a military medical institution (medical organization).

In other cases of injuries and diseases in which the duration of treatment shall exceed the prescribed period, with a determined medical and expert outcome, military personnel shall be submitted for a medical examination to determine their fitness for military service.

92. The temporary regular MMC shall make a transfer conclusion indicating the number of accompanying persons and mode of transport:

when transferring a military personnel from one military medical institution (medical organization) to another;

escort to the place of residence of a military personnel dismissed due to disease;

needs for medical care and nursing care.

93. Medical examination of military personnel performing military service under the contract, when moving in service (when changing the type or type of service), when concluding a new or renewing the contract, is carried out by a temporary regular (garrison or hospital) MMC.

At the same time, military personnel shall be sent to the MMC in the following cases:

1) when higher requirements for health condition are provided for in the relocated position, in a new or renewed contract;

2) there shall be a change in the state of health, providing for a revision of the category of fitness for military service based on the results of a preventive medical examination and dynamic observation.

94. In the presence of ordinary personnel, junior sergeant personnel undergoing military service under a contract, and cadets (cadets) of military educational institutions, except for those studying at the graduation course, diseases for which, in accordance with the Requirements, an individual assessment of the category of fitness for military service shall be provided, the MMC shall issue a conclusion "Limited fitness for military service."

Footnote. Paragraph 94 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 14.07.2022 № 522 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

95. If senior, senior sergeant and officer personnel have diseases for which, in accordance with the Requirements, an individual assessment of the category of fitness for military service is provided, the conclusion "Fit for military service with minor restrictions" shall be issued, with the exception of the following cases:

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

2) diagnosis of three or more aggravating diseases, for which, in accordance with the Requirements, an individual assessment of the category of fitness for military service shall be provided.

In these cases, the conclusion "Fit for limited military service" shall be issued.

If cadets studying at the graduation course have diseases for which, in accordance with the Requirements, an individual assessment of the category of fitness for military service is provided, the MMC shall make a conclusion "Ready for military service with minor restrictions". In cases of diagnosis of three or more aggravating diseases, for which, in accordance with the Requirements, an individual assessment of the category of fitness for military service is provided, the conclusion "Fit for limited military service" shall be issued.

96. The MMC conclusion on granting sick leave or exemption from military service shall be issued in cases where, in accordance with the Requirements, temporary unfit for military service shall be provided.

97. In peacetime, a temporary regular MMC (EAMC) shall make a conclusion on granting sick leave if, after completion of hospital treatment and medical rehabilitation, the period after which the military personnel begins to perform military service shall be at least a month.

98. Sick leave (the final stage of rehabilitation treatment) shall be granted to military personnel in peacetime for a period of thirty to sixty days, depending on the nature and severity of the injury, disease.

99. The total duration of continuous hospital treatment, medical rehabilitation and sick leave for military personnel serving in fixed-term military service shall not exceed four months, after which a temporary regular MMC shall determine the category of fitness for military service.

100. To military personnel passing military service under the contract, the trainee, the cadet, the student of higher educational institution the sick leave lasts on medical indications, but every time for no more than for thirty days. In total, the period of continuous stay in hospital treatment, medical rehabilitation and sick leave shall not exceed four months, and for patients with tuberculosis - twelve months.

After the expiry of the specified period, if it is impossible for a military personnel under a contract for health reasons to take up the duties of military service, his stay for treatment shall be extended by a decision of the direct chief from the commander of troops, the commander of the RgC and above on the basis of the conclusion of a military medical institution.

The extension of the terms of treatment shall be carried out only in cases where, after further treatment, the military personnel will be able to return to the duties of military service.

101. In order to extend the period of continuous stay of the military personnel for treatment, the head of the military medical institution shall send to the commander (chief) of the military unit (institution), where the military personnel shall be serving (studying), a request for an extension of the period of stay for treatment, which shall indicate: diagnosis, justification for the continuation of treatment and his estimated term, which shall not exceed sixty days.

The commander of the military unit shall submit the referred application with his opinion on it to the direct chief, who shall decide to extend the period of continuous stay of the military officer in treatment.

102. After the expiry of the continuous period of treatment and sick leave, military personnel shall be subject to a medical examination to determine the category of fitness for military service.

103. Women military personnel shall be granted maternity leave by the commander of the military unit (the head of the institution) in accordance with the procedure and for a period of time, in accordance with the Labor Code of the Republic of Kazakhstan dated November 23, 2015 and the Rules for military service. After the end of maternity leave, female military personnel shall be sent to the MMC in the event of a change in health, requiring a revision of the category of fitness for military service.

104. The conclusion of a temporary regular MMC (EAMC) on granting leave (extension of leave) due to disease shall be recorded in the book of minutes of meetings of the MMC and shall be drawn up by a certificate of medical examination.

105. In cases not provided for in paragraphs 96, 97 of these Rules, the treatment of military personnel ends in a military medical institution, and a temporary regular MMC (EAMC) shall issue a conclusion on full or partial exemption from military service (hereinafter referred to as exemption) for a period of seven to fifteen days. At the same time, the release period in total shall not exceed thirty days.

106. Military personnel serving in urgent military service who have been released from military service for health reasons shall be sent for treatment (rehabilitation) to a medical center (medical company) of a military unit.

When issuing a conclusion on partial exemption from military service duties, a temporary regular MMC shall indicate the specific types of occupations, works, outfits from which they shall be exempted.

107. In respect of military personnel serving in urgent military service and sentenced to arrest with detention on a guardhouse, the conclusion of the MMC on granting sick leave, exemption from military service shall not be issued. Their treatment shall be completed in a military medical institution or a medical center of a military unit.

108. Military personnel serving in urgent military service, upon completion of sick leave, for medical reasons, shall be sent for a second medical examination to the temporary regular

MMC (at the place of military service or leave) to determine the category of fitness for military service or extend sick leave.

109. A military personnel serving in military service under a contract recognized as unfit for military service with the exception of military registration and unable to perform military service duties for health reasons during the period of discharge, a temporary regular MMC (EAMC) at the same time as concluding that he shall be unfit for military service shall make a conclusion: "Subject to exempt from military service for the period necessary for the execution of dismissal, but not more than 30 (thirty) days."

A temporary regular MMC (EAMC) shall make a repeated conclusion: "Subject to exempt from military service for the period necessary for the registration of dismissal, but not more than 30 (thirty) days", if a military personnel serving in military service under a contract who is declared unfit for military service with the exception of military registration within the specified period shall not be dismissed from military service for health reasons.

110. Medical examination of military personnel, citizens serving in military training, to determine the fitness for underwater driving of tanks and other vehicles, shall be carried out with initial admission to work and subsequently once every two years, as well as according to medical indications.

Chapter 7. Medical examination of military personnel of the Airborne Assault Forces and Special Forces

111. Medical examination of military personnel serving in military service to determine the fitness for military service in the Assault Forces (hereinafter referred to as AAF), Special Forces (hereinafter referred to as SF) shall be carried out once during the period of service, and military service under the contract - once every twelve months. At the same time, military personnel of Special Forces, Marine Corps, as well as airborne assault, reconnaissance units and persons involved in parachute jumps shall be subject to medical examination.

112. Medical examination shall be carried out - for citizens called up for military service (military training) in the AAF (SFU) and military personnel arriving from military educational institutions, as well as when moving in service from other types and branches of the army.

113. An extraordinary medical examination of AAF and SFU personnel shall be carried out upon their return from a military medical institution (medical organization) after hospital treatment for diseases involving a change in the category of fitness for service in AAF (SFU), if they are not examined by the hospital MMC.

AAF and SFU military personnel shall be also sent for an extraordinary medical examination by decision of the commander of the military unit on the basis of the conclusion of the doctor of the military unit, the specialist doctor of the military medical institution.

In the case of having a disease of AAF and SFU military personnel, for which, in accordance with the Requirements, an individual assessment of the category of fitness for

service in the AAF (SFU) is provided, the conclusion "Fit for service in the AAF (SFU)" shall be made in the following cases:

- 1) the expediency of maintaining a military personnel in military service, according to the command;
- 2) favorable prognosis of disease;
- 3) the positive mood of the person examined for the continuation of military service.

In this case, the conclusion shall be issued subject to all the above conditions. The prognosis of the disease shall be determined taking into account the nature of the disease, its onset, the degree of progression, the reversibility of the process and possible complications in the performance of military service duties.

114. Fit for service in AAF (SFU) shall provide fit for parachute jumps. The fit for parachute jumps of AAF and SFU military personnel serving under the contract and having a body weight of more than 90 kilograms shall be determined individually.

115. In cases where military personnel are fit for service in the AAF (SFU), a temporary regular MMC shall make a conclusion on the category of fitness for military service.

Chapter 8. Medical examination of military personnel of the Military Marine Forces

116. Medical examination of military personnel shall be carried out to determine the fitness for military service in the following military registration specialties once every twelve months:

- personnel of surface ships;
- deep-water diver, aquanaut, diving specialist;
- helmsman, signaler, navigation electrician, torpedo electrician, torpedo artificer, soundman, radio code operator of the surface ships.

Extraordinary medical examination and determination of the category of fitness for service in the Naval Forces (hereinafter referred to as the NF) in cases of diseases for which in accordance with the Requirements an individual assessment of the category of fitness for military service shall be provided out in the same way as set out in paragraph 113 of these Rules.

117. In cases where military personnel are unfit for service in the NF, a temporary (permanent) regular MMC shall make a conclusion on the category of fitness for military service.

118. Military personnel serving on surface ships with soundman, radio code operator shall be subject to medical examination before a long voyage (lasting more than two months) if more than six months have passed after their next medical examination.

119. Persons seconded to surface ships going on a voyage shall be subject to medical examination by a temporary (permanent) regular MMC to determine the fitness for service on surface ships.

120. In some cases, to seconded persons who have stubbornly compensated diseases that impede service on the ship, a temporary (permanent) regular MMC shall make a conclusion in the editorial office: "No known contraindications for going to sea on a surface ship for a period of no more than 3 (three) months."

Chapter 9. Medical examination of combat swimmers (divers)

121. In preparation for the next medical examination of combat swimmers (divers), the head of the medical service of the unit shall:

1) prepare medical books in which it shall summarize the materials of observation (applications for medical care, exemptions from descending into the water based on the results of medical examinations, functional sample data, professional qualities) and shall check the presence of records over the past year;

2) carry out anthropometric measurements;

3) organize X-ray (fluorography or radioscopy of the chest organs), laboratory (clinical blood, urine analysis) and electrocardiographic studies using load samples, examination of the vestibular apparatus to all combat swimmers (all diving composition).

Persons over 40 shall be also examined for sugar, blood lipids and intraocular pressure.

122. The combat swimmer (diver), recognized as fit for diving work, MMC shall set the depth of diving work for the upcoming year:

1) more than 60 meters;

2) from 12 to 60 meters;

3) up to 12 meters.

123. In case of medical examination of highly fit divers with diseases that provide for restrictions on their fitness for military service in this military accounting specialty, the MMV shall accept in relation to their individual conclusion - about submerging under water to a depth of 20 meters or less in order to monitor the work of divers and to train them.

124. Medical examination of combat swimmers and diving personnel shall be carried out in accordance with the Requirements.

125. The results of the medical examination of combat swimmers (divers) shall be recorded in the book of minutes of meetings of the MMC, in the personal and medical book of divers.

126. The maximum depth of diving under water shall be set for the period up to the next (extraordinary) medical examination of the combat swimmer (diver) and shall not exceed it during the entire specified period.

127. If a combat swimmer (diver) identifies diseases that impede diving work, the MMC for medical examination of combat swimmers (divers) shall send him for examination and treatment, followed by a medical examination of the hospital MMC to determine the fit for diving work, fit for military service.

128. The regular medical examination shall be carried out once every 12 months on an ambulatory basis, and the senior, higher sergeant and officer staff, instead of the regular ambulatory examination, shall undergo hospital examination and medical examination once every three years.

129. Following the results of a medical examination of combat swimmers (divers), the commander of the military unit shall issue an order setting for each combat swimmer (diver) the maximum depth of submersion under water for the current year.

Chapter 10. Medical examination of military personnel selected for service and serving with radioactive substances, ionizing radiation sources, rocket fuel components, sources of electromagnetic fields and laser radiation

130. Medical examination of military personnel selected for service and serving with radioactive substances (hereinafter referred to as RS), ionizing radiation sources (hereinafter referred to as IRS), rocket fuel components (hereinafter referred to as RFC), electromagnetic field sources (hereinafter referred to as EMF sources) and laser radiation (hereinafter referred to as LR) shall be carried out with the participation of the head of the medical service (doctor) and a representative of the command of the military unit.

131. Medical examination of military personnel selected for service with RS, IRS, RFC, EMF and LR sources shall be carried out before appointment, and serving with RS, IRS, RFC, EMF and LR sources, once every 3 (three) years and for medical reasons.

132. Military personnel serving with RS, IRS, RFC, EMF and LR sources shall be provided with:

- 1) fluorographic (radiological) examination of thoracic organs;
- 2) total blood test (counting the leukocyte formula and platelet count);
- 3) general urine analysis;
- 4) ECG at rest (after load - according to readings);
- 5) radiograph of nasal appendage sinuses (at selection);
- 6) blood examination for viral hepatitis B and C markers (at selection);
- 7) blood testing for HIV infection (at selection).

People over forty shall be measured intraocular pressure, investigation of blood sugar level. For medical reasons, additional medical research shall be carried out.

133. Prior to the start of the medical examination, the head of the medical service (doctor) of the military unit shall submit to the (permanent, temporarily operating) regular MMC the list of military personnel to be medically examined approved by the command of the military unit.

The list shall indicate: the purpose of the medical examination, the military rank, last name, first name, patronymic (if any) of the examined;

in relation to persons serving with RS, IRS, RFC, EMF and LR sources, his experience with RS, IRS, RFC, EMF and LR sources, as well as individual dosimetric control data during the inter-commission period.

134. Before the medical examination, the representative of the command of the military unit introduces the members of the (permanent, temporarily operating) regular MMC with the conditions of service of those examined, and the head of the medical service (doctor) of the military unit shall inform the MMC about the results of the medical observation of the state of health of those examined during the inter-commission period.

135. When a military personnel serving with RS, IRS, RFC, EMF and LR sources shall be sent for hospital examination and medical examination to a military medical institution, a card of the sanitary and hygienic characteristics of the working conditions and workplace of a specialist by form shall be presented, in accordance with Annex 15 to these Rules.

136. At identification of a disease as a result of stationary inspection of the military personnel which emergence shall be a consequence of impact on an organism of RS, IRS, RFC, EMF and LR sources and on this disease according to Requirements temporary unfit to military service, the unfit or individual assessment of the fit to service with RS, IRS, RFC, EMF and LR sources, (permanent, temporary) regular MMC shall issue a conclusion with the participation of a radiologist and/or a toxicologist.

The conclusion of the MMC shall be made taking into account the degree of compensation for the pathological process, military accounting specialty, general seniority and seniority in the specialty, and the ability to perform military service duties.

137. In accordance with the Requirements providing for temporary unfit for military service, in relation to persons selected for service with RS, IRS, RFC, EMF and LR sources, a conclusion of the MMC on unfit for service with RS, IRS, RFC, EMF and LR sources shall be issued.

138. Extraordinary medical examination shall be subject to military personnel who have filed complaints about the state of health, previously recognized as temporarily unfit for service with RS, IRS, RFC, EMF and LR sources, who returned from sick leave granted after the injury, diseases for which they shall be submitted to the MMC to determine the category of fitness for service with RS, IRS, RFC, EMF and LR sources.

139. Military personnel, previously recognized as temporarily unfit for work with RS, IRS, RFC, EMF and LR sources according to the results of hospital examination and medical examination, shall be sent for repeated medical examination no earlier than three months later

140. In relation to military personnel recognized as unfit for service with RS, IRS, RFC, EMF and LR sources, the MMC shall make a conclusion on the category of fitness for military service.

Chapter 11. Medical examination of citizens in the reserve when called up for military training, military service or for registration purposes

Footnote. The title of Chapter 11 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

141. Prior to the commencement of the medical examination of citizens who are in reserve, when conscripting for military (training) or military service (officers), or for accounting purposes, D(D)ADs shall draw up a medical examination card of a citizen who shall be in reserve in form, in accordance with Annex 16 to these Rules.

142. Citizens in reserve shall submit medical documents in accordance with these Regulations of paragraph 31 subparagraph 1), 2).

143. No earlier than thirty calendar days before the start of the medical examination shall submit:

- 1) general blood test;
- 2) microrecipitation reaction (microreaction) to syphilis;
- 3) blood sugar test;
- 4) general urine analysis;
- 5) ECG at rest (after load - according to readings);
- 6) fluorographic (radiological) examination of thoracic organs (carried out no later than three months on the day of examination);
- 7) X-ray diffraction pattern of the attached sinuses of the nose (for those called up for military service);
- 8) persons over forty measured intraocular pressure.

For medical reasons, additional medical research shall be carried out.

143-1. Persons liable for military service in peacetime, when assigned to military units (special formations), when called up for military service upon mobilization, under martial law and in wartime in airborne assault units, special purpose units, in the positions of divers (combat swimmers), shall undergo a medical examination upon their appearance at the local military command bodies, as well as in the absence of a previously issued decision by the draft board.

Persons liable for military service upon call-up for military service upon mobilization, under martial law and in wartime, who have presented complaints about their health at preliminary assembly points (assembly points) of local military command bodies or personnel reception points of military units or special formations (during medical examination) or if they are found to have diseases or physical disabilities that prevent military service, shall be sent for medical examination to medical commissions of district (city, cities of regional

significance) or regional (cities of republican significance or capitals) draft commissions. Aviation personnel appointed to flight crew positions (pilots, navigators and other members of flight crews) are subject to medical examination at the MFC.

Footnote. Chapter 4 has been supplemented with paragraph 143-1 in accordance with the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

144. When conducting a medical examination for registration purposes or conscription for military training of citizens who previously served in the military and were discharged from military service due to health reasons, the D (D) DA shall submit to the medical commission of the MIO and the Department of Defense Affairs (hereinafter referred to as DDA) a certified copy of the certificate of illness.

Footnote. Paragraph 144 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

145. For diseases for which, in accordance with the Requirements, an individual assessment of fitness for military service shall be provided, in relation to citizens who have undergone military service under a contract and are examined for accounting purposes, a MMC conclusion shall be issued (medical commission of the LEB) "Limitedly fit for military service," in relation to those liable for military service when called up for military training - "Not fit for military training," in relation to military officers of the reserve when called up for military service - "Not fit for military service in peacetime, limitedly fit in wartime."

Footnote. Paragraph 145 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 14.07.2022 № 522 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

146. In case of diseases for which, in accordance with the Requirements, temporary not fitness for military service is provided, in relation to those liable for military service, called up for military training, the conclusion of the MMC (medical commission of the LEB) "Not fit for military training" shall be issued, in relation to those liable for military service - "Temporarily not fit for military service."

Footnote. Paragraph 146 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 14.07.2022 № 522 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

147. Military officers called up for military service, if there is an order of the Minister of Defense of the Republic of Kazakhstan on conscription for military service, but not yet sent to the duty station and presenting complaints about their state of health, shall be examined by permanent (garrison or hospital) regular MMC in the direction of the head of the DAD.

If diseases are identified, according to which, in accordance with the Requirements, a change in the category of fitness for military service shall be provided, the conclusion of a

permanent regular MMC shall be drawn up by a certificate of disease and shall be subject to approval by a regular permanent regular MMC.

148. When a citizen dismissed from military service for health reasons raises the question 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 D(D)ADs shall consider the feasibility of issuing a referral for re-examination.

With this objective in view, medical documents shall be requested confirming the improvement of the state of health (certificates of withdrawal from the dispensary register, extracts from medical records of a hospital patient, medical record of an ambulatory patient). If there is a positive trend in the state of health of a citizen to be re-examined, a preliminary medical examination shall be carried out at the medical commission of the LEA.

With a positive result of pre-trial detention, the head of the DAD of the region (a city of republican significance or the capital) shall send to the staff of the MMC of the department in which the military personnel served, his application, military service record card, medical book, conclusion of the MMC, the results of the preliminary medical examination with supporting medical documents.

149. The following persons shall not be subject to medical re-examination:

- 1) recognized as unfit for military service with the exception of military registration;
- 2) released from conscription for urgent military service for health reasons, after reaching twenty-seven;
- 3) with negative dynamics in the state of health;
- 4) dismissed from military service for health reasons due to mental, behavioral disorder (disease).

150. The regular MMC studies the submitted documents and, if there are grounds for satisfying the application, the citizen who previously served in the military and was discharged from military service due to health reasons shall be sent for a medical examination through the head of the DDA to a non-staff permanent (garrison or hospital) MMC to determine the category of suitability for military service.

Footnote. Paragraph 150 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

151. After conducting a medical examination of a citizen previously dismissed from military service for health reasons, the conclusion of the permanent non-staff MMC shall be formalized as a certificate of illness and sent for review to the regular MMC. The causal relationship between the injury and illness shall not be indicated in the certificate of illness.

Footnote. Paragraph 151 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

Chapter 12. Procedure for processing medical documents when determining the category of fitness of citizens for military service (military training), as well as for accounting purposes

152. Based on the results of the examination, LEA medical commissions and temporary (temporarily, regular) regular MMC shall issue conclusions in accordance with Annex 17 to these Rules.

153. Information on the examined, diagnosis and conclusion of the MMC shall be recorded in the book of minutes of meetings of the MMC. The specified information and conclusions of the MMC shall be recorded:

1) for citizens who do not perform military service and enter military service under the contract - in the medical examination card of a citizen who enters military service under the contract;

2) for citizens entering military educational institutions - in the medical examination card of a citizen entering a military educational institution, and for military personnel - in a medical book;

3) for military personnel entering universities, including foreign countries, implementing higher and postgraduate education programs - in the certificate of medical examination;

4) for military personnel - in a certificate of disease, in a certificate of medical examination and a medical book;

5) for citizens who shall be in reserve- in the card of medical examination of a citizen who shall be in reserve;

6) for citizens undergoing military training - in a certificate of disease, a certificate of medical examination;

7) for officers in reserve called up for military service (if there is an order of the Minister of Defense of the Republic of Kazakhstan on their conscription for military service), but not yet sent to military units and recognized as unfit, fit for limited military service - in a certificate of disease, and recognized as fit for military service with minor restrictions, temporarily unfit for military service - in a certificate of medical examination;

8) for persons in hospital treatment (examination) - in the medical history.

154. The book of minutes of meetings of the MMC shall be maintained in all MMC by the secretaries of these commissions. The minutes of the meetings of the MMC shall be signed by the chairman, 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 shall be announced to be examined.

155. Passport data of the person being examined (based on an identity document), his complaints and a brief history of the disease, basic data of an objective examination, the results of special studies confirming the identified diagnosis of the disease and the conclusion of the MMC shall be recorded in the book of minutes of meetings of the MMC.

156. When examining military personnel, citizens serving in military training, injured, in the record book of meetings of the MMC, the circumstances of the injury shall be recorded in detail with reference to the document (its number, the date by which it had been issued) confirming these circumstances.

157. In the book of minutes of meetings of the hospital MMC, the column "complaints and anamnesis" additionally shall indicate the number of the medical history of the examined person.

158. When issuing a conclusion of the MMC as a certificate of illness, it shall be permitted not to record complaints, anamnesis, objective examination data and results of special studies in the book of minutes of the MMC meetings, while the diagnosis is recorded as a code according to the international classification of diseases. A copy of the certificate of illness shall be kept as an appendix to the book of minutes of the MMC meetings.

Footnote. Paragraph 158 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

159. In the book of minutes of meetings of the MMC and on the specified copy of the certificate of disease, the date, number of the minute and the content of the conclusion of the regular MMC shall be recorded.

160. Books of minutes of meetings of regular, temporary hospital, garrison MMC (EAMC), medical commissions, and certificates of disease (certificates of medical examination) shall be subject to storage for 50 years.

161. The books of minutes of meetings of the temporarily regular MMC (EAMC), shall be subject to storage for 10 years.

162. Control over the maintenance of the book of minutes, the registration and validity of the issued conclusion of the MMC shall be entrusted to the chairman of the MMC.

163. A regular MMC keeps a book of minutes of meetings of the MMC (EAMC) only for persons examined directly in these commissions.

164. When considering certificates of disease (certificates of medical examination) submitted to the regular MMC, the minutes of meetings of the MMC shall be the third copy of the certificate of disease (certificate of medical examination), in which the approved regular MMC conclusion shall be signed by the chairman, members of the commission (at least two) who took part in the meeting of the commission and the secretary.

165. A third copy of the certificate of disease and medical certificate must be kept for 50 years.

166. The regular MMC shall keep records, including alphabetical, of the certificate of disease and the medical certificates received, reviewed and sent during the year.

167. The certificate of disease in peacetime shall be drawn up:

- 1) for all military personnel recognized as:
fit for limited military service;

unfit for military service in peacetime, fit for limited military service in wartime;

unfit for military service with the exception of military registration;

2) for cadets (students not having an officer rank) of military educational institutions recognized as unfit for training;

3) for NF personnel recognized as unfit for service in the NF;

4) for members of the Assault Forces (SFU) recognized as unfit for service in the AF (SFU);

5) for military personnel serving with RS, IRS, RFC, EMF and LR sources and recognized as unfit for service with RS, IRS, RFC, EMF and LR sources;

6) for military personnel who have received a control medical examination;

7) for citizens who have performed military service and shall be examined to determine the category of fitness at the time of their dismissal from military service;

8) for officers in reserve called up for military service (if there is an order of the Minister of Defense of the Republic of Kazakhstan), but not yet sent to the place of service and recognized:

unfit for military service with the exception of military registration;

unfit for military service in peacetime, fit for limited military service in wartime;

fit for limited military service;

9) for citizens called up for military training and recognized as unfit for military service;

10) for citizens previously dismissed (released) from military service for health reasons, during their re-examination.

168. In cases not specified in paragraph 167 of these Rules, the conclusion of the MMC shall be drawn up by a certificate of medical examination.

169. The conclusion of the MMC, drawn up by a certificate of disease or a certificate of medical examination with a change in the category of fitness for military service, shall be subject to approval by the regular MMC.

170. The conclusion of the MMC on the need for sick leave shall be subject to the control of the regular MMC.

171. For female military personnel found unfit for service with RS, IRS, RFC, EMF and LR sources in connection with pregnancy, the conclusion of the MMC is drawn up by a certificate of medical examination and approval (control) of a regular MMC shall not be subject to.

172. Expert documents (certificates of disease, certificates of medical examination) for approval to the regular MMC shall be sent in triplicate no later than 5 calendar days after the examination with the history of diseases and other medical documents.

Expert documents in the regular MMC shall be reviewed and approved (or not approved) within five calendar days. On approval, the regular MMC shall send two copies of the expert document to the MMC, which has issued a certificate of disease, and the third copy of the expert document shall be stored in the regular MMC.

The temporary MMC in the minutes book of the MMC meeting and the attached copy of the expert document shall make a record according to paragraph 159 of these Rules and shall send both copies of the approved expert document to the military unit (institution), from where the military personnel shall be sent for examination (no later than 3 calendar days from the receipt of the document from the regular MMC).

The certificate of disease shall not be issued to the examined persons.

173. For military personnel who shall be unreasonably called up for urgent military service for health reasons and who shall be recognized as unfit for military service during examination, the certificate of disease shall be sent to the regular MMC for approval in four copies.

On approval, the first and second copies of the certificate of disease of the regular MMC shall be returned to the MMC, which issued the certificate of disease; the third copy shall be sent to the DAD at the place of conscription of the military personnel, no later than five calendar days after approval, and the fourth copy shall be kept in the regular MMC.

174. The regular MMC shall put a stamp with the following content on the upper margin of the front side of each copy of the certificate of illness or reference prepared for persons with mental, behavioral disorders (diseases), malignant neoplasms, sexually transmitted infections, or diseases caused by the human immunodeficiency virus (HIV-infected): "Making copies, issuing personal copies, or disclosing the information is prohibited."

Footnote. Paragraph 174 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

175. Information on persons with mental, behavioral disorders (diseases) recognized as unfit or fit for limited military service based on the results of a medical examination shall be sent to:

1) medical commissions of the LEO to psychiatric (neuropsychiatric) organizations at the place of residence of a citizen, examined during registration to conscription centers, conscription for military service and admission to military educational institutions, republican military boarding schools (lyceums) no later than five calendar days from the moment of adoption of the expert opinion;

2) temporary MMC of a psychiatric profile in psychiatric (neuropsychiatric) organizations at the place of residence of a military personnel examined during military service no later than five calendar days from the moment of receipt of an approved expert document.

At the same time, the information shall indicate the passport data of a citizen (military personnel), IIN, date of birth, address of residence, date of examination, diagnosis, conclusion of the MMC.

176. For military personnel recognized as in need of sick leave during a medical examination, a certificate of medical examination shall be drawn up in four copies.

The first and second copies of certificates shall be sent to the commander (chief) of the military unit (institution) at the place of military service of the military personnel (issued to the examined person), and the third and fourth copies shall be sent to the regular military MMC for control with the history of diseases and other medical documents.

After the verification, the regular MMC shall send one copy of the certificate to the MMC , which issued it.

When granting unreasonable sick leave, the staff of the regular MMC shall notify the commander (chief) of the military unit (institution) in writing about the decision taken at the place of military service of the military personnel.

In this case, together with the certificate of medical examination, the report of the expert of the regular MMC shall be sent to the regular MMC in the form according to Annex 18 to this Regulation (hereinafter referred to as the expert's report), which shall set out the reasons for the unreasonable of the conclusion and indication.

177. On the departure of a military personnel undergoing urgent military service, on sick leave, the first copy of the certificate shall be issued to him, and the second copy shall remain in the case of the military unit.

178. Non-approved certificates of disease and certificates of the MMC, together with the conclusion of the expert of the regular MMC, shall be returned to the regular MMC that compiled them. The expert's conclusion shall set out the reason why they shall not be approved.

One copy of the unapproved expert document shall be stored in the regular MMC for 5 years.

179. On appointment of a control medical examination (examination), the regular MMC shall notify the commander (chief) of the military unit (institution) in writing at the place of military service of the military personnel, indicating the place and timing of the examination (examination).

180. After receipt of the unapproved expert document, the temporary MMC shall analyze the reasons for the non-approval, follow the instructions of the regular MMC and shall send it for re-approval in the manner identified by these Rules.

The results of the analysis of the causes of non-approval, the implementation of the instructions of the regular MMC shall be reflected in the medical history and expert document of the examined.

On cases of non-submission for re-approval of the previously unapproved expert document, the temporary MMC shall inform the regular MMC in writing with justification of the reasons.

181. The certificate of disease in wartime shall be drawn up:

- 1) for officers in reserve recognized as unfit for military service;
- 2) for all military personnel declared unfit for military service, temporarily unfit for military service with repeated medical examination after 6-12 months.

182. The wartime conclusion of the MMC, drawn up by a certificate of disease, shall be subject to approval by the regular MMC, and the conclusion, drawn up by a certificate of medical examination, shall be subject to control.

183. Copies by the regular MMC of expert documents (certificates of disease, certificates of medical examination) shall be issued at the request of law enforcement agencies, medical organizations or territorial units of the authorized body in the field of social protection of the population, commanders of military units, heads of the institution and the person examined.

184. Decisions rendered by the regular MMC by court determination in respect of military personnel of other troops and military formations of the Armed Forces of the Republic of Kazakhstan, previously examined by departmental temporary (regular) MMC shall be drawn up by a certificate on the court determination in form, in accordance with Annex 19 to these Rules.

Chapter 13. Medical examination of aviation personnel of state aviation

185. Pilots, navigators and other members of flight crews, persons performing flight management and control, participating in the performance of flight tasks on board an aircraft, air traffic control operators, unmanned aerial vehicle operators (remote pilots), parachutists, glider pilots, aeronauts and citizens appointed to flight personnel positions (hereinafter referred to as aviation personnel), as well as cadets (students) of a military educational institution for the training of aviation personnel, studying in the specialities of flight operation of aircraft, unmanned aerial vehicles (hereinafter referred to as Cadets of a higher educational institution for the training of aviation personnel), shall be subject to an annual scheduled medical examination at the MFC. Aviation personnel who, based on the results of the previous MFC, are deemed worthless for flight work, flights, flight management, control of unmanned aerial vehicles, parachute jumps, cadets of a higher educational institution for the training of aviation personnel who are deemed worthless for flight training, as well as aviation ground specialists for the maintenance of aviation equipment or the provision of aircraft flights are not subject to routine medical examination. In cases where routine examination in inpatient conditions is not envisaged, the terms of which are determined in accordance with paragraph 192 of these Rules, aviation personnel shall undergo routine examination on an outpatient basis.

The Commander-in-Chief of the Air Defense Forces, the Commander-in-Chief of the Air Force and their deputies, who hold flight personnel positions, shall undergo a scheduled (regular) outpatient medical examination at the MFC at the regular MMC.

Footnote. Paragraph 185 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

186. In preparation for a medical examination, the head of the military medical (medical) service of a military unit (institution) shall summarise the following results of medical

observation in the inter-commission period for aviation personnel and cadets of the higher educational institution for the training of aviation personnel:

- 1) the dynamics of changes in health status;
- 2) the impact of flight work (flights, flight training, flight management, control of unmanned aerial vehicles, parachute jumps) on previously identified pathological changes, if they occurred;
- 3) individual psychophysiological characteristics, as well as the results of the study of psychophysiological qualities;
- 4) previous illnesses (injuries), and their course characteristics;
- 5) tolerance of flights (flight management, control of unmanned aerial vehicles, parachute jumps), special training, testing and research.

Footnote. Paragraph 186 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

187. Aviation personnel and cadets of the higher educational institution for training aviation personnel shall be allowed to undergo a medical examination only after oral cavity sanitation, and women are additionally examined by a gynaecologist.

Footnote. Paragraph 187 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

188. Prior to the medical examination, the following shall be performed for aviation personnel:

- 1) fluorographic (X-ray) examination of the chest organs (no later than 3 months on the day of examination);
- 2) 12-lead electrocardiography (at rest and after exercise);
- 3) general blood and urine tests;
- 4) blood test for sugar;
- 5) fibrogastroduodenoscopy (as indicated);
- 6) measurement of intraocular pressure in persons over 40 years of age;
- 7) radiography of the paranasal sinuses (as indicated);
- 8) microprecipitation reaction (microreaction) to syphilis;
- 9) fecal examination of worm eggs and lamblia cysts.

The following studies shall be carried out for aviation personnel at a stationary medical examination, military personnel first appointed to the positions of air traffic operator, unmanned aerial vehicle operator, parachutist, glider, aeronaut, as well as a specialist participating in flight missions on board the aircraft in addition to the above studies:

- ultrasound examination of the organs of the abdominal cavity, thyroid gland, heart and genitourinary system;
- fibrogastroduodenoscopy;

blood test: platelets, reticulocytes, coagulogram, liver tests, cholesterol, lipoproteins (with inpatient medical examination);

examination of urine according to Nechiporenko, daily urine oxalates (pilots and navigators flying on highly maneuverable aircraft);

instrumental rectal examination (persons over 40 years of age);

blood test for hepatitis B and C markers;

radiography of the paranasal sinuses;

tone audiometry;

electroencephalography when presenting functional tests.

Footnote. Paragraph 188 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 14.07.2022 № 522 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

189. All clinical laboratory and instrumental studies shall be performed no earlier than 30 calendar days before the start of the medical examination. For medical reasons, additional studies shall be being conducted.

Footnote. Paragraph 189 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 14.07.2022 № 522 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

189-1. Aviation personnel who shall have not submitted the results of medical research shall not be allowed for a medical examination.

Footnote. The Rules as added by Paragraph 189-1 in accordance with the order of the Minister of Defense of the Republic of Kazakhstan dated 14.07.2022 № 522 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

190. During a medical examination, a specialist doctor shall conduct an examination and fill out the relevant section of the medical record, record the diagnosis, and conclusion on the category of air worthless for flight work, flights, flight training, flight management, control of an unmanned aerial vehicle, parachute jumps and his recommendations.

The MFC shall issue conclusions in accordance with these Rules and the Requirements imposed on the health status of persons for service in state aviation (hereinafter referred to as the Aviation Requirements), approved by order of the Minister of Defense of the Republic of Kazakhstan dated December 22, 2020 № 721 (registered in the State Register of Normative Legal Acts under № 21860).

Based on the results of the examination, the chairman of the MFC shall check the correctness of all entries in the medical record of the aviation personnel by medical specialists, issue a conclusion on the category of air worthless for flight work (flights, flight training, flight management, control of an unmanned aerial vehicle, parachute jumps). Simultaneously with the decision on the degree of air worthless for flight work (flights, flight training, flight management, control of an unmanned aerial vehicle, parachute jumps) of the aviation personnel (cadet), the MFC shall determine the list and frequency of medical and

health-improving measures. The conclusion of the MFC shall be signed by the chairman, and secretary and sealed with the seal of the commission (institution).

Footnote. Paragraph 190 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

191. The conclusions of the MFC shall be valid for one year from the date of the medical examination. A medical examination before the established deadline shall be conducted if changes have occurred in the health of the aviation personnel (cadet) that provide grounds for revising the conclusion of the MFC or according to the conclusion of the MFC. A new conclusion of the MFC on the airworthy or worthless for flight work (flights, flight training, flight management, control of an unmanned aerial vehicle, parachute jumps) shall cancel the previous conclusion of the MFC.

If the validity period of the MFC conclusion of aviation personnel expires during their participation in armed conflicts, operational combat activities, the performance of combat (training and combat) tasks and (or) flights outside the Republic of Kazakhstan, with the permission of the regular MFC, the validity period of the MFC conclusion shall be extended for a period of up to thirty calendar days, and in the event of the elimination of emergencies (state of emergency) for the duration of the emergency (state of emergency).

If the scheduled (regular) inpatient medical examination of aviation personnel is not carried out within the timeframes determined in accordance with paragraph 192 of these Rules, with the permission of the regular MMC, an outpatient medical examination shall be carried out in a non-staff MFC, the conclusions of which shall be valid for up to six months.

Upon expiration of the specified (taking into account the extension) term of the MFC, aviation personnel shall be prohibited from performing flight work (flights, flight training, flight management, control of unmanned aerial vehicles, parachute jumps) and are subject to referral for a medical examination (outpatient, inpatient).

Footnote. Paragraph 191 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

192. Pilots and navigators undergo their first scheduled inpatient medical examination upon reaching the age of thirty years. Subsequently, pilots and navigators who are found airworthy for flight work without applying the points of the Aviation Requirements, as well as according to points that do not provide for an individual assessment of fitness, shall undergo their next (scheduled) inpatient medical examination after three years, and those found airworthy for flight work using the points of the Aviation Requirements that provide for an individual assessment of suitability - after two years or, according to the conclusion of the MFC if there are medical indications, annually.

Members of flight crews (except pilots and navigators), persons participating in the performance of flight tasks on board an aircraft, managing and controlling flights, air traffic

control operators, unmanned aerial vehicle operators, parachutists, glider pilots and aeronauts shall undergo their first scheduled inpatient medical examination upon reaching the age of forty years, and subsequently - after five years or, based on the conclusion of the MFC in the presence of medical indications - annually.

Aviation personnel who reach the age of fifty shall undergo an inpatient medical examination at the MFC annually.

Footnote. Paragraph 192 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

193. If changes occur in the state of health of aviation personnel that require clarification of the diagnosis or expert opinion of the EAMC, they should be sent to an extraordinary hospital (ambulatory) medical examination.

194. Extraordinary (unscheduled) inpatient medical examinations of aviation personnel shall be carried out:

- 1) according to the conclusion of the MFC (MMC);
- 2) after illnesses (injuries) for which, in accordance with the points of the Aviation Requirements, unsuitability or individual assessment of air worthiness for flight work, flights, flight management, control of unmanned aerial vehicles, parachute jumps, flight training is envisaged;
- 3) in case of continuous stay in hospital treatment, on sick leave and/or exemption from flights due to health reasons (flight management, control of unmanned aerial vehicles, parachute jumps), rehabilitation for a total of more than four months;
- 4) in cases of a systematic failure to fulfill flight assignments (pilots and navigators);
- 5) during breaks in flight work exceeding six months (pilots and navigators);
- 6) after aviation accidents, including after forced abandonment (catapulting) of an aircraft;
- 7) when transferring pilots (navigators) to other types of aircraft, for work on which higher medical requirements are imposed on the state of health;
- 8) pilots and navigators arriving from higher education institutions for training aviation personnel in foreign countries.

Footnote. Paragraph 194 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

195. Hospital medical examination shall be carried out in specialized departments of military medical institutions.

196. Referral to the next (extraordinary) medical examination shall be carried out by the commander of the military unit and (or) higher management.

197. For persons sent for medical examination, medical documents shall be submitted to the EAMC in accordance with paragraphs 80 subparagraphs 1), 3), 4) of these Rules.

198. Information on the state of health shall additionally contain:

- 1) diagnosis and conclusion of the previous MFC;
- 2) when and where the patient last underwent an inpatient medical examination;
- 3) general characteristics of physical condition and performance during the inter-commission period, information on pre-flight and post-flight medical examinations;
- 4) cases of exemption or suspension from flights (flight management, control of unmanned aerial vehicles, parachute jumps) for medical reasons, their reasons;
- 5) data from medical observation of professional activities;
- 6) the dynamics of the pulse rate, the value of blood pressure during professional activity and other objective data characterizing the state of health of the person being examined;
- 7) individual psychophysiological characteristics;
- 8) focus on continuing professional activity;
- 9) the reason for referral for medical examination;
- 10) the opinion of the physician of the military unit (institution) on the advisability of further use in the position held;
- 11) conclusions on the presence (absence) of the impact of the performance of official duties (performing flights, flight training, performing parachute jumps, flight management, operating an unmanned aerial vehicle) on his health.

Footnote. Paragraph 198 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

199. Information on official activities additionally contains:

- 1) total flight hours (total number of completed parachute jumps, flight control and guidance hours, unmanned aerial vehicle control hours), flight hours (number of completed parachute jumps, flight control hours, unmanned aerial vehicle control hours) in the current year, information on completed flights (completed parachute jumps, flight control, unmanned aerial vehicle control) in the current year, aircraft type (helicopter, unmanned aerial vehicle);
- 2) quality of flight performance (parachute jumps, flight control, control of unmanned aerial vehicles);
- 3) focus on continuing flight work (flights, flight training, flight management, control of unmanned aerial vehicles, performing parachute jumps);
- 4) conclusion about the possibility of continuing professional activity;
- 5) the opinion of the command on the advisability of further use in the position held.

Footnote. Paragraph 199 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

200. A routine study of the tolerance of high-altitude hypoxia in a pressure chamber shall be conducted: for a pilot and navigator - once every four years, for another member of the flight crew - upon selection and subsequently once every five years, for a parachutist, a person participating in the performance of a flight task on board an aircraft, a glider pilot and

an aeronaut - upon selection. An unscheduled study of the tolerance of high-altitude hypoxia shall be conducted for medical reasons.

Persons specified in the first section of this Paragraph who have not undergone testing for tolerance to the high-altitude hypoxia section shall be prohibited from flying (parachute jump)

In the absence of a pressure chamber, a planned (unscheduled) study of tolerance to high-altitude hypoxia shall be carried out on an airplane.

Aviation personnel who are found worthless for flight work (flights, flight training, parachute jumps) during a medical examination by MFC specialists shall not be tested for tolerance to high-altitude hypoxia.

Footnote. Paragraph 200 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

201. If acute or exacerbation of chronic diseases is detected during an inpatient medical examination, the aviation personnel (cadet) shall be transferred for examination and/or treatment to a specialized department of a military medical institution.

Upon completion of the in-patient medical examination (treatment), the aviation personnel (cadet) shall be presented to the permanent hospital MFC, which issues an expert opinion and communicates it to the person being examined. The results of the tests, examination by medical specialists and the MFC conclusion shall be entered into the relevant sections of the medical record. If the person being examined refuses to undergo mandatory medical examinations, the medical examination shall be terminated and the person being examined shall be discharged to the military unit (institution) with the entry "Discharged without a medical examination due to refusal of a medical examination". Aviation personnel (cadet) who have not passed the MFC shall be prohibited from flying (flight training, flight management, control of an unmanned aerial vehicle, parachute jumps).

Footnote. Paragraph 201 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

202. Aviation personnel recognized as worthless for flight work (flights, flight management, control of unmanned aerial vehicles, parachute jumps) and assigned to military positions not related to flight work (flights, flight management, control of unmanned aerial vehicles, parachute jumps) shall be placed on the medical register.

Footnote. Paragraph 202 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

203. Aviation personnel assigned to military positions not related to flight work (flights, flight management, control of unmanned aerial vehicles, parachute jumps), in the event of recovery or stable remission of the disease, shall be sent for inpatient medical examination

after written approval from the regular MMC, but not earlier than one year after the MFC has issued a conclusion on worthless for flight work (flights, flight management, control of unmanned aerial vehicles, parachute jumps). Medical examination of aviation personnel upon reinstatement to flight work (flights, flight management, control of unmanned aerial vehicles, parachute jumps) shall be conducted in a specialized department of military medical institutions.

The Air Defense Forces (Air Force) Command shall send to the regular MMC a petition on the advisability of reinstating aviation personnel to flight work (flights, flight management, control of unmanned aerial vehicles, parachute jumps), information on service activities and health status, medical records, medical documents confirming the improvement of health.

Footnote. Paragraph 203 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

204. Upon completion of the inpatient medical examination of aviation personnel (cadets) , in cases where their health condition does not meet the Aviation Requirements, the MFC shall issue a conclusion:

1) cadets of a higher educational institution for the training of aviation personnel who do not meet the Aviation Requirements in Column I (before the start of flight practice) and in Columns II-V (after the start of flight practice, depending on the type of aviation) and (or) in Column VII - "worthless for flight training";

2) pilots and navigators who do not meet the Aviation Requirements in columns II-V (depending on the type of aviation) – "worthless for flight work";

3) other members of flight crews who do not meet the Aviation Requirements under Column VI – "worthless for flight work (in speciality)";

4) persons participating in the performance of flight missions on board an aircraft, glider pilots and aeronauts who do not meet the Aviation Requirements under Column VI – "worthless for flight";

5) parachutists who do not meet the Aviation Requirements under Column VI – "not suitable for parachute jumps";

6) persons exercising flight management and control, air traffic control operators who do not meet the Aviation Requirements under Column VII – "not suitable to manage flights";

7) operators of unmanned aerial vehicles (remote pilots) who do not meet the Aviation Requirements under Column VII – "not suitable to operate an unmanned aerial vehicle".

Footnote. Paragraph 204 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

205. Aviation personnel located in a military medical institution (medical organization), after completion of treatment, shall be sent for a medical examination by the Military Medical Commission (MMC) if the illness they suffered requires:

1) changes in the degree of air worthiness for flight work (flights, flight training, flight management, control of unmanned aerial vehicles, parachute jumps);

2) provision of sick leave;

3) granting exemption from flights (flight training, flight management, control of unmanned aerial vehicles, parachute jumps) to perform other military service duties.

Footnote. Paragraph 205 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

206. If the disease does not require a change in the previous expert conclusion, aviation personnel shall be discharged from the military medical (medical) institution (organization) without a medical examination, and a record shall be made in the discharge epicrisis and medical book: "The disease shall not prevent the continuation of flight work."

207. Cadets of higher education institutions for the training of aviation personnel are subject to medical examination annually before the start of flight practice and upon completion of training (upon graduation) in the manner determined by these Rules.

At the same time, first-year cadets shall undergo blood group and Rh factor determination, the results of which shall be recorded in the medical record.

Before the medical examination, cadets shall undergo:

fluorographic (X-ray) examination of the chest organs (no later than 3 months from the day of examination);

12-lead electrocardiography (at rest and after physical exertion);

general blood and urine tests;

blood sugar test;

fibrogastroduodenoscopy (as indicated);

X-ray of the paranasal sinuses (as indicated);

microprecipitation reaction (microreaction) to syphilis;

examination of faeces for helminthic eggs and lamblia cysts.

Based on medical indications, to determine their airworthiness for flight training, cadets shall be sent for medical examination to specialized departments of military medical institutions.

Footnote. Paragraph 207 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

208. Based on the results of the inspection, the EAMC shall issue conclusions in accordance with Annex 20 to these Rules.

209. The conclusion of the MFC on air worthiness for flight work (flights, flight training) provides for suitability for parachute jumps, and pilots and navigators examined under columns II - III, also for ground ejection. In cases where the person being examined is exempted from performing parachute jumps and (or) ground ejection due to health reasons in

accordance with the Aviation Requirements, the conclusion of the MFC, after the conclusion on air worthless for flight work (flights, flight training), shall indicate that he/she is subject to exemption from parachute jumps and (or) ground ejections.

Pilots and navigators who are found airworthy for flight work or have limited airworthiness for flight work are allowed to manage flights and operate unmanned aerial vehicles.

Footnote. Paragraph 209 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

210. Pilots and navigators who are admitted with restrictions under the column of the Aviation Requirements corresponding to their affiliation with the aviation branch, who are recognized as airworthy for flight work under the columns containing lower requirements, and who are also recognized as suitable for military service with minor restrictions upon reaching the maximum age for military service, shall be considered to be of limited air worthless for flight work.

Footnote. Paragraph 210 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

211. The conclusion of the MFC shall indicate the points, sub-points and columns of the Aviation Requirements, the degree of air worthless for flight work (flight training, flight management, control of unmanned aerial vehicles, parachute jumps and flights), diagnosis, causal relationship of the disease or injury (for aviation personnel or cadets during inpatient medical examination) and the main treatment and preventive recommendations.

For pilots and navigators, cadets of the higher educational institution for the training of aviation personnel, whose health condition does not meet the Aviation Requirements under Column V, the MFC shall determine the category of air worthless for flight management and control of an unmanned aerial vehicle or flight training under Column VII, and in case of unsuitability under Column VII, the category of suitability for military service is determined in accordance with the Requirements.

For aviation personnel recognized as worthless for flight work (in their speciality), flights, flight management, control of unmanned aerial vehicles, and parachute jumps, the MFC determines the category of suitability for military service in accordance with the Requirements.

Footnote. Paragraph 211 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

212. The decision on granting aviation personnel sick leave, and exemption from flights (flight management, control of unmanned aerial vehicles, parachute jumps) shall be made in

accordance with the Aviation Requirements and shall be documented by a certificate of medical examination.

The MFC (MMC), along with the conclusion on the exemption from military service for a period of seven to fifteen days, shall issue a conclusion on the exemption from flights (flight management, control of unmanned aerial vehicles, parachute jumps) and issue a certificate of medical examination. The MFC (MMC), based on medical indications, issue a second conclusion on exemption, but in total the period of exemption does not exceed thirty days.

Footnote. Paragraph 212 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

213. Doctors of military units and higher educational institutions for the training of aviation personnel shall exempt from flights or give full exemption from the duties of military service (cadets - from all kinds of details) for up to 7 days.

214. The conclusion of the MFC on air worthless for flight work (flight training, flights, flight management, control of unmanned aerial vehicles, parachute jumps) according to the points of the Aviation Requirements that provide for an individual assessment shall be issued in the event of:

- 1) favorable prognosis of the disease;
- 2) the absence of influence of the performance of official duties in the speciality (performing flights, flight training, performing parachute jumps, flight management, operating an unmanned aerial vehicle) on the health of aviation personnel according to medical monitoring data in the inter-commission period;
- 3) the focus of the person being examined on continuing professional activity;
- 4) the advisability of further use in the position held, in the opinion of the command and the physician of the military unit (institution).

In this case, the conclusion shall be made if all the above conditions are present. The prognosis of the disease shall be determined taking into account the severity, prevalence, frequency of exacerbations, the degree of dysfunction of the affected organs and systems, the effectiveness of the treatment and health measures taken, the degree of progression of the disease and the development of complications in the event of continued professional activity, the impact of the disease on flight safety.

Footnote. Paragraph 214 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

215. Pilots and navigation officers entering higher military educational institutions of postgraduate education by specialty, if there are restrictions on performing flight work, shall be considered air worthless for admission to the university.

216. During a medical examination in a specialized department of a military medical institution, the conclusion of the MFC shall not be entered into the medical record if it is

subject to approval by the regular MMC. In these cases, the conclusion of the MFC on suitability (unsuitability) for flight work (flight training, flights, flight management, control of an unmanned aerial vehicle, parachute jumps) shall be entered into the medical record upon receipt of an approved certificate of illness (medical examination certificate).

Footnote. Paragraph 216 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

217. Information about the inspected and the conclusion of the EAMC shall be recorded in the record book of the EAMC meetings. The minutes of the EAMC meeting shall be signed by the chairman, members of the commission who took part in the EAMC meeting and the secretary on the day of the commission, and the conclusion of the commission shall be announced to be examined.

218. Aviation personnel airworthy for flight work (flight training, flights, flight management, control of unmanned aerial vehicles, parachute jumps) and limited airworthy for flight work shall be issued, after a medical examination, a certificate of completion of the MFC in the form in accordance with Appendix 21 to these Rules. The certificate of completion of the MFC shall serve as the basis for admission to flights (flight management, control of unmanned aerial vehicles, parachute jumps).

A certificate of completion of the MFC shall not be issued if the MFC conclusion is issued as a certificate of illness or a certificate of medical examination. In these cases, a certificate of completion of the MFC shall be issued to aviation personnel after receiving a certificate of illness (medical examination certificate) approved by the regular MFC. Until the approved certificate of illness (medical examination certificate) and (or) a certificate of completion of the MFC are received by the military unit (institution), aviation personnel shall be prohibited from performing flight work (flight management, control of unmanned aerial vehicles, parachute jumps and flights).

Footnote. Paragraph 218 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

219. When issuing a EAMC conclusion with a certificate of disease in the book of minutes of meetings of the EAMC, the data of an objective examination and the results of special studies shall be allowed not to be recorded, one copy of the certificate of disease with a record, about the conclusion of a regular MMC shall be stored as an annex to the book of minutes of meetings of the EAMC.

Control over the maintenance of the minutes book of the EAMC meetings, the design and validity of the conclusion shall be entrusted to the chairman of the EAMC.

220. Certificates of illness shall be issued for aviation personnel:

1) recognized as worthless for flight work (flights, flight training, flight management, control of unmanned aerial vehicles, parachute jumps);

- 2) recognized for the first time as being of limited air worthiness for flight work;
- 3) when a previously imposed restriction on flight work is lifted;
- 4) upon restoration of air worthiness for flight work (flights, flight training, flight management, control of unmanned aerial vehicles, parachute jumps).

Footnote. Paragraph 220 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

221. For aviation personnel in reserve, certificates of disease shall be drawn up:

- 1) when declared air worthiness for flight work;
- 2) for the first time limited airworthiness;
- 3) at rehabilitation of airworthiness.

222. The procedure for issuing a certificate of medical examination for aviation personnel who are recognized during a medical examination as requiring sick leave, exemption from flights (flight management, control of an unmanned aerial vehicle, parachute jumps) with the performance of other military service duties (for thirty or more days) shall be determined by paragraph 176 of these Rules.

Footnote. Paragraph 222 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

Chapter 14. Medical examination of aviation personnel in reserve for accounting purposes

223. The medical examination of pilots and navigation officers having been in reserve for accounting purposes shall be carried out once every five years, before being called up for military training camps or when the state of health changes. Other members of flight crew shall be only when called up for military training or when the state of health shall change.

224. The results of the medical examination shall be recorded in the medical examination card of a citizen who shall be in reserve.

225. Pilots and navigation officers being in reserve and being in flight work in civil aviation shall not be sent for medical examination for accounting purposes. At the same time, D (D) D at the same time, certificates shall be requested about the results of their medical examination for these persons from medical and flight expert commissions at the place of work for inclusion in a personal case.

Chapter 15. Determination of the causal link of diseases, injuries, death (disease) in military personnel or citizens in connection with serving (performance of duties) of military service (military training).

226. The causal link of disease, injury, death (decease) shall be defined by:

1) for citizens serving in the Armed Forces of the Republic of Kazakhstan - the Central Military Medical Commission of the Ministry of Defense of the Republic of Kazakhstan, temporary regular hospital and garrison MMC of the Armed Forces of the Republic of Kazakhstan;

2) for citizens serving in the Armed Forces of the Republic of Kazakhstan - the CMMC of the Ministry of Defense of the Republic of Kazakhstan.

227. In the event of newly discovered circumstances regarding disease, injury and their connection with the serving (performance of duties) of military service, the conclusion on the causal link of disease, injury shall be revised (according to documents) in his absence (with the cancellation of the previous conclusion).

The conclusions of the CMMC of the Ministry of Defense of the Republic of Kazakhstan on the causal link of diseases, injuries, death (decease) shall be issued in a single copy once without limitation of the validity period.

228. The opinion of the MMC on the establishment of a causal link of injury to military personnel or citizens serving military service shall be issued according to the certificate of injury on the basis of an act on the circumstances of injury or the materials of an official investigation.

229. A certificate of injury shall be issued by the commander of a military unit in which a military personnel or citizen served in military service. The certificate of injury shall indicate the circumstances of the injury and the connection with the performance of duties (serving) of military service.

The CMMC of the Republic of Kazakhstan or a temporary regular MMC shall issue a conclusion of the MMC on the causal link of injury on the basis of consideration of the certificate of injury and supporting documents reflecting the circumstances of the injury.

230. In the absence of a certificate of injury, when making a conclusion on the causal link of injury, diseases of the MMC, documents shall be adopted that indicate the cause and circumstances of injury, disease (if they are drawn up no later than 3 (three) months from the moment of injury, disease): information on official activity and state of health, extract from the register of patients in the ambulatory clinic on initial request for medical care, materials of official investigation, criminal case, certification, certificate of a military medical institution, medical history or extract from it, certificate of disease, record of a doctor of a military unit or military medical institution in the medical book of a military personnel on initial request for medical care, certificate of an archival institution.

231. The determination of the causal link of diseases, injuries, death (decease) shall be carried out by studying the submitted (requested) documents, on the basis of an appeal: of citizens, local military authorities, pension authorities, personnel services of the Armed Forces of the Republic of Kazakhstan, courts and prosecutor's offices of the Republic of Kazakhstan.

232. The conclusion of the MMC on the causal link of injury, disease shall be recorded in the book of minutes of meetings of the MMC, a certificate of disease or certificate, medical history, medical record of military personnel, with reference to a document confirming the circumstances of injury, disease.

233. At absence in medical documents of the conclusion of MMC on a causal link of a disease, a mutilation, at the wrong execution of the specified documents, the citizen's disagreement with the available conclusion of MMC about a causal link of a disease, a mutilation and also in the presence in the documents certifying passing of military service, record about dismissal from military service "due to disease" or "for health reasons" the documents shall be sent for consideration in the CMMC of the Republic of Kazakhstan.

234. The results of consideration of documents shall be executed by the minutes of the meeting of the permanent MMC in the form specified in Annex 22 to the Rules. The conclusion of the CMMC of the Republic of Kazakhstan on the causal link of disease, injury shall be drawn up in accordance with the form, under the terms of Annex 23 to the Rules.

235. In the absence of a diagnosis of the disease in the documents of a citizen who served in military service, but the point of the schedule of diseases in force at the time of the medical examination shall be indicated, the CMMC of the Ministry of Defense of the Republic of Kazakhstan in its conclusion on the causal link of the disease, injuries shall indicate the name of the diseases that have been provided for by the specified point of the schedule of diseases.

236. If the military personnel identify several diseases, injuries or their consequences that arose (received) in various circumstances, the conclusion of the MMC on causal link shall be made separately.

237. In the case where the diagnosis of disease, injury, which was previously concluded by the MMC on causal link, is inaccurately indicated in the document, the permanent MMC shall indicate the initial diagnosis, without changing its wording, and then shall indicate the updated diagnosis of disease, injury and shall make a conclusion on it by the MMC on causal link.

238. In the absence of documents on the results of a medical examination of a citizen or not conducting a medical examination, the basis for issuing a conclusion of the MMC on the causal link of the disease, injuries shall be recorded in the medical history, medical book, medical certificate, archive certificate.

239. Conclusion of the MMC:

1) "The injuries have been sustained at performance of duties of military service" shall be taken out by the military personnel if it is received at performance of duties of military service and also as a result of the defeats caused by influence of radioactive materials, sources of ionizing radiation, components of rocket fuel and other highly toxic substances, sources of the electromagnetic field and optical quantum generators.

2) "Disease received during the performance of military service duties" shall be carried out if it is received during infection during stay (work) in the epidemic focus of a particularly

dangerous infection, and in a person examined from among medical personnel and as a result of infection during the performance of official duties to provide medical care to patients with tuberculosis, viral hepatitis, HIV infection (for persons in direct contact with patients);

3) "Disease received during military service" shall be carried out by military personnel or citizens, performing military service, if it arose from a person examined during military service, or has reached within the specified period a degree of gravity which changes the category of fitness for military service, and chronic slow-progressing diseases diagnosed before one year of demobilization from military service, if the onset of the disease refers to the period of military service in the presence of medical documents that allow attributing the onset of the disease to the indicated period.

240. The conclusion of the MMC: "The disease is obtained due to the effects of ionizing radiation" shall be issued to military personnel performing military service if the diseases are caused by the adverse effects of radioactive substances factors, sources of ionizing radiation.

The same conclusion shall be issued to military personnel serving in military service who were involved in the work to eliminate the consequences of the accident at the Chernobyl nuclear power plant (hereinafter referred to as the Chernobyl nuclear power plant) in 1986-1990 or who participated in the testing of nuclear weapons or who served in military service in the period 1949-1991 in the territory contaminated with radioactive substances.

241. When establishing the causal link of diseases specified in paragraph 240 of these Rules, the CMMC of the Ministry of Defense of the Republic of Kazakhstan shall be guided by the list of diseases associated with exposure to ionizing radiation, approved in accordance with Article 7, subparagraph 76) of the Code, archival data and medical documents.

242. MMC conclusions:

"The mutilation (wound, a trauma, a contusion) shall be received at protection of the former USSR";

"The mutilation (wound, a trauma, a contusion) shall be received at performance of duties of military service";

"The disease shall be associated with being at the front";

"The disease shall be associated with military service in the territory of other states in which hostilities were conducted";

"The mutilation (wound, a trauma, a contusion) shall be received at performance of duties of military service in the territory of other states in which military operation have been conducted" shall be taken out to the military personnel and citizens serving military service whose status shall be defined by the Law of the Republic of Kazakhstan dated May 6, 2020 "On veterans".

243. To establish the causal connection of diseases and injuries related to participation in military operations, documents on the completion of military service, archival documents

confirming the fact of receiving a disease, injuries during military service, and medical documents issued after dismissal from military service shall be submitted to the CMMC of the Ministry of Defense of the Republic of Kazakhstan.

244. Conclusion of the MMC:

1) "Injury suffered as a result of an accident not related to the performance of military service duties" shall be carried out by military personnel if the injury is not related to the performance of military service duties;

2) "Disease is not related to military service" shall be issued to military personnel in cases where the disease occurred in the person examined before conscription, admission to military service under the contract and during military service, did not reach a degree that changes the category of fitness of the person examined for military service.

245. Conclusion of the MMC:

1) "Injury resulting in death obtained as a result of the performance of military service duties" shall be carried out by military personnel if death occurred as a result of injury resulting from the performance of military service duties. Citizens performing military service shall be given such a conclusion if, after dismissal from military service as a result of injury received as a result of the performance of military service, death occurred;

2) "The disease that led to death shall be obtained as a result of the performance of military service duties" shall be carried out by military personnel if, as a result of diseases received during infection while in the epidemic center of a particularly dangerous infection, and those examined from among medical personnel, in addition, due to tuberculosis and HIV infection in the line of duty (for persons in direct contact with patients), death occurred;

Citizens performing military service shall be given such a conclusion if, after dismissal from military service, due to diseases received during infection while staying in the epidemic center of a particularly dangerous infection during military service, and those examined from among medical personnel and as a result of infection with tuberculosis, viral hepatitis, HIV infection in the line of duty (for persons in direct contact with patients), death occurred;

3) "The disease that led to death was received during military service" shall be carried out by military personnel who performed military service if death occurred due to the disease received during military service;

Citizens performing military service, such conclusion shall be issued if, after dismissal from military service, as a result of diseases received during military service, death occurred.

Conclusions on the causal link of death shall be issued after studying medical documents, data from a medical examination during military service, a medical certificate of death and other documents, if there is a direct causal link between the cause of death and injury, a disease received during military service (as a result of the performance of military service duties).

Chapter 16. Determination of the severity of injuries (wounds, traumas, contusions), which did not entail disability, received by a military personnel (military liable) during the performance of military service (military training)

246. Determination of the severity of a mutilation (wounds, traumas, contusions) (further referred to as mutilations) which did not entail the disability received by the military personnel (person liable for conscription) at performance of duties of military service (performing military training) shall be carried out by temporary regular hospital or garrison MMC.

247. Medical examination of military personnel (bound to military service) to determine the severity of the injury shall be carried out by written order of the head of the military medical institution on the basis of the report of the military personnel (bound to military service) or the request of the attending doctor.

Medical examination shall be carried out with a determined medical and expert outcome.

248. The severity of the injury shall be determined on the basis of the List of injuries (wounds, traumas, contusions) relating to severe or mild injuries according to Annex 24 to the Rules.

249. The conclusion of the MMC on the establishment of a causal link of injury shall be issued pursuant to paragraph 228 of the Rules.

250. The severity of the injury shall be drawn up by a form certificate in accordance with Annex 3 to the Rules for the payment of lump-sum compensation in case of death (decease) of a military personnel during the period of military service or military duty, called up for military training, in the event of a disability or in the event of injury related to the performance of military service, approved by Resolution of the Government of the Republic of Kazakhstan dated August 27, 2013 № 868.

A certificate on the severity of the injury shall be issued to the examined person.

Annex 1
to the Rules of conduct
of military medical examination
in the Armed Forces
of the Republic of Kazakhstan

Instruction for medical examination

Chapter 1. General provisions

1. Medical examination shall be carried out in daylight in specially designated bright, warm and spacious rooms. Daylight and/or artificial lighting should be quite sufficient for doctors to work. Each doctor shall be allocated a separate room. Women shall be additionally

examined by a gynecologist. The state of health of the examined persons shall be determined by means of a survey and a comprehensive objective study, whether they complain about their state of health or not.

2. The various medical documents and materials submitted by the examinees on their medical observation shall not exempt doctors from medical examination of these persons.

3. During the examination, not only the physical defect shall be detected and the nature of the disease shall be identified, but also the degree of violation and compensation of the function of the diseased organ (system) and the functional adaptability of the body as a whole shall be determined, which is the basis of the relevant expert conclusion.

In all cases, if there are suspicions of deviation from the norm, the examined person shall be subjected to a detailed examination depending on the changes found and examined by the relevant doctors. If the diagnosis remains unclear or questionable during the ambulatory examination, the examined person shall be sent for hospital examination.

Chapter 2. Anthropometric research

4. The main anthropometric signs assessed for the purposes of military medical (medical-flight) examination shall be body height and weight, chest circumference, lung capacity, hand strength and becoming force, sitting height, arm and leg length.

5. Anthropometric studies shall be carried out under the supervision of a doctor by average medical personnel using measuring devices verified before starting work. Inspected person shall be examined by specialist doctors in underwear (undressed to underpants).

6. Height of examined person shall be determined in standing and sitting positions. To measure height in the standing position, the examined person shall stand on the pedestal of the height meter, touching its vertical bar with the intervertebral part of the back, buttocks and heels. The head shall be held straight so that the patellar cut of the ear and the outer corner of the eye slot shall be on the same horizontal line. The movable bar of the height meter tightly shall adjoin the stern. When measuring height in the sitting position, the examined person sits on the folding seat of the height meter straightened, touches the vertical bar of the height meter with the intervertebral part and buttocks. The head shall be in the same position as when measuring standing position. Legs bent in knees at right angles. Counting shall be carried out from the surface of the seat with an accuracy of 0.5 centimeters.

7. To determine the length of the legs, the height in the sitting position shall be subtracted from the height in the standing position. The length of the arm shall be measured by a measuring tape from the acromial process to the end of the third finger of the hand.

8. Body weight shall be determined on medical scales. The examined person shall stand on the middle of the scale. The figures shall be recorded to an accuracy of 0.1 kilograms.

9. The chest circumference shall be measured by applying a rubberized measuring tape without pressing back at the angle of the blades, in front - along the lower edge of the nipple circles. At the same time, the examined person shall stand with his hands lowered. Three

indicators shall be noted: at the time of respiratory pause, with maximum inhalation and maximum exhalation.

10. Lung capacity shall be determined using a spirometer. The examined person after maximum inhalation shall take an exhalation into the spirometer tube.

11. The hand strength shall be measured by a hand dynamometer, which shall be compressed by the examined person with maximum strength of the hand horizontally stretched right, then left hand. The back strength shall be determined using a torso dynamometer. The examined person shall stretch the torso dynamometer as much as possible without bending the legs by both hands for a handle located at the level of knee joints.

Chapter 3. Mental health examination

12. An examination of the mental state of the examined person shall be carried out on the basis of a study of documents characterizing him (characteristics from school, other educational institutions, from the place of work, from the military unit, information from parents or from medical health organizations) and a personal conversation between the doctor and the examined.

In an interview with the examined person and during his examination, attention shall be drawn to the facial expression, mimes, gait features, posture, movement, adequacy of reaction, attitude to the conversation with the doctor.

13. Leading point in assessing the mental state of the examined shall be a clinical research method that shall be combined (with appropriate indications) with generally accepted research methods (including experimental-psychological testing, electroencephalography, rheoencephalography, brain tomography, pneumoencephalography). The study of the mental state of the examined person shall be carried out in the following sequence: the state of consciousness, attention, memory, thinking, intelligence, emotional-will sphere shall be evaluated, the absence or presence of psychopathological symptoms shall be identified.

In the study of attention, its ability to concentrate (exhaustion, distraction, stuck) shall be noted.

When studying memory, the speed and accuracy of memorizing, reproducing past and current events, the presence of memory deceptions, the type of amnesia (retrograde, antegrade) shall be identified.

When evaluating thinking, attention shall be drawn to the logic, sequence of judgment and conclusions, circumstance, stickiness, resonance, fiction, the predominance of abstract thinking over a particular one, and vice versa. The pace of thinking (accelerated, ordinary, slow down), its direction (problems, interests) shall be determined.

When determining the state of the emotional sphere, mood (increased, even, reduced, unstable), pathological fluctuations in mood, their duration, color shall be evaluated. The

adequacy or inadequacy of emotions by external manifestations, the ability to restrain or suppress one's feelings shall be assessed. The strong-willed sphere shall be assessed by the features of the attractions and behavior of the examined.

The absence or presence of difficulties of perception shall be identified: illusions, hallucinations, their content, attitude to them (critical, affective, and indifferent), and a change in the quality of perception of space, time, and one's own personality. To identify these difficulties, as well as obsessions and delusions, a focused survey of the subject shall be required.

Chapter 4. Nervous system examination

14. The examination of the nervous system shall consist of a study of the medical documentation of the examined, his interrogation and an objective clinical-neurological examination of the examined. During the survey, complaints, a medical history shall be clarified, attention shall be drawn to the presence of a history of attacks of loss of consciousness, seizures, changes in speech, hearing, vision, injuries of the central and peripheral nervous systems, treatment in psychiatric and neurological institutions, the date of the last episode of night incontinence shall be identified. Heredity shall be specified - whether relatives had convulsive seizures, episodes of loss of consciousness, attacks of muscle weakness, mental, behavioral disorders (diseases), substance abuse.

15. During external examination, the physique, condition of the skin, mucous membranes, muscle system, gait shall be evaluated. The specialist doctor shall be convinced that there shall be no damage to the bones of the skull, even if the examined person denies the presence of traumatic brain injuries in the past.

16. Neurological examination shall begin with checking the function of the craniocerebral nerves. The function of oculomotor nerves and sympathetic innervation of the eye is examined. The position of the eyeballs, the movement of the eyes up, down, inside, outside shall be checked. The shape and size of pupils, their uniformity, as well as the reaction of pupils to light (direct and common) during convergence and accommodation shall be determined.

When checking the functions of the trigeminal nerve, the state of sensitivity on the face, chewing muscles, the volume of movements of the lower jaw, corneal and conjunctival reflexes shall be examined.

Next, the functions of the remaining craniocerebral nerves shall be determined. It shall be checked whether folds of forehead skin, width of eye slots, possibility of eye freezing and frowning of eyebrows, symmetry of nasolabial folds when teeth are shown are expressed equally on both sides.

17. The motor function of the vestibular apparatus (nystagmus, equilibrium, and blunder) shall be determined. The correctness of perception of the main taste sensations of sweet, sour, salty, bitter, for which standard solutions of sugar, table salt, citric acid and quinine sulfate

shall be used, the mobility of the soft palate during phonation, voice soundness, swallowing ability, the possibility of turning the head and raising the shoulders, the volume of movement of the tongue when sticking out, the presence of fibrillar twitches and atrophy of its muscles.

18. When examining the motor sphere, the volume of active and passive movements of the upper and lower limbs, coordination of motor acts (static and dynamic ataxia), strength, tone and trophic muscles shall be checked. Attention shall be drawn to the presence of violent movements (hyperkinesis), contractures, atrophy. Then tendon, periosteal, skin reflexes and reflexes from mucous membranes shall be checked. Each reflex shall be examined on the right and left, their liveliness and uniformity shall be compared. It shall be identified the presence or absence of pathological reflexes (Babinsky, Rossolimo, Zhukovsky, Bekhterev, Oppenheim and others), a state of superficial and deep sensitivity (pain, temperature, tactile, muscular-articular).

19. When examining the autonomic nervous system, attention shall be paid to the color of the skin (face, body, limbs), the presence of trophic disorders, the humidity and temperature of the skin to the touch shall be determined. Skin vegetative reflexes (local and reflex dermographism, pilomotor reflex), Danyini-Ashner eye-heart reflex, cervical vegetative, clinostatic and orthostatic reflexes shall be tested.

Chapter 5. Internal organ examination

20. Internal examination shall include the examination of complaints, history and objective examination, which shall begin with a general examination. Attention shall be drawn to the appearance, physique, color, elasticity and humidity of the skin, then by palpation to the state of subcutaneous fat, lymph nodes, and muscles.

21. The organs of the endocrine system shall be examined by a targeted survey of complaints, history and available methods of palpation and percussion.

22. Circulatory organs. Vascular examination shall be carried out by examining and palpating arteries and veins, auscultating large vessels and studying the vascular system by instrumental methods. The rhythm, frequency, tension and pulse filling, possible pulsation of arteries and veins in various areas shall be determined, which may indicate diseases of the heart or large vessels. Blood pressure shall be measured at rest (sitting position). To avoid accidental increase in blood pressure at a single measurement, the blood pressure shall be measured several times without removing the cuffs, and the last smallest digit shall be taken into account.

Palpation and percussion shall determine the boundaries of the heart, the width, strength and resistance of the apical push, the presence of a heart push, trembling of the chest, other pulsations in the heart area and next to it. When listening to the heart in various positions of the examined (lying down, standing, after physical exertion, when holding breath), the soundness of cardiac tones (amplification, weakening, emphasis) and their character (splitting, bifurcation, appearance of additional tones), as well as the presence of cardiac noises shall

be evaluated. When listening to noise, it shall be determined its relation to the phase of cardiac activity (systolic, diastolic), its nature, strength, duration, localization and preferential radiation. Differential diagnosis of organic and functional noises, as well as heart defects, shall be carried out only after a comprehensive examination, including instrumental methods (radiological, cardiographic, functional).

23. Respiratory organs. When assessing complaints, attention shall be drawn to the nature of shortness of breath (physiological or pathological, with difficulty breathing, exhalation or mixed), the peculiarity of coughing (duration, time of manifestation, volume, timbre, the presence of sputum, and its peculiarity), localization, intensity, and irradiation of chest pains and the connection of these pains with the act of breathing, cough.

Skin and visible mucous membranes coloration, chest shape, collarbone, supraclavicular and subclavian pits, scapula, symmetry of both chest halves, breathing type, frequency, rhythm and depth of respiratory movements, participation in the respiratory act of auxiliary muscles shall be evaluated during examination.

Palpation shall reveal localization of thoracic tenderness and its resistance (elasticity), vocal jitter intensity, pleura friction noise.

With comparative percussion, lung boundaries, mobility of the lower pulmonary margins, height of the lung tops and their width shall be determined, as well as changes in the percutaneous pulmonary sound in pathological conditions (shortening, blunting or blunt sound in the presence of fluid in the pleural cavity, inflammatory or tumor processes in the lungs; tympanic nature of sound, box sound when air accumulates in the pleural cavity, the presence of cavities in the lung - abscess, cavern, increased airness of the pulmonary tissue - emphysema).

Auscultation shall determine the nature of respiratory noises in different phases of breathing, their strength and duration. The main respiratory noises (vesicular, bronchial breathing and their change) and side respiratory noises (wheezing, crepitation and pleura friction noise) shall be evaluated.

When detecting symptoms suspected of lung disease, X-ray, instrumental and laboratory methods of research shall be used.

24. Abdominal organs. Particular attention shall be paid to the analysis of complaints and history. During the examination, the state of the oral cavity (teeth, gums, tongue, and mucous membranes) shall be evaluated. Examination, palpation of abdominal organs shall be carried out in the lying and standing position of the examined. By the method of superficial and then deep sliding palpation, soreness, irritation of the peritoneum, the presence of a white line hernia, abdominal wall tension, as well as contours, density, localization of some organs of the abdominal cavity and tumor-like formations in it shall be detected. When the liver is enlarged, the spleen sizes are indicated in centimeters.

Percussion shall define liver boundaries, lower gastric boundary, and spleen size. If symptoms indicating diseases of the abdominal organs shall be detected, additional studies shall be carried out (including radiological, instrumental, laboratory).

Chapter 6. Surgical examination

25. Body posture in the sagittal and frontal plane shall be studied. Regular posture shall be characterized by the straight (vertical) position of the head and symmetrical outlines of the cervical-shoulder lines, the median position of the line of spinous processes, the same level and symmetrical arrangement of the corners of the blades, the same configuration of the triangles of the waist, somewhat protruding forward chest contours, lower limbs of regular shape. The condition of the skin is being studied. In the presence of scarring, their character and origin shall be assessed.

26. When examining the chest, the presence of deformities associated with curvature of the spine or existing independently (funnel-shaped or keel-shaped chest) shall be noted. The position of the clavicles shall be determined.

The abdomen, its shape, shall be examined. When examining the genitals, attention shall be paid to abnormalities in the development of the penis, urethra, and testicles.

If there is asymmetry of the blades, it should be remembered that it can be associated with spinal deformation or Sprengel's disease - congenital high blade standing. When deforming the spine, kyphosis is most often detected in the chest, less often - lordosis, in the lumbar - more often increased lordosis, less often - kyphosis. Attention shall be drawn to the presence and severity of scoliosis.

The position of the examined shall be evaluated. The forced position may be caused by pain, anatomical changes or a pathological setting as a result of compensation.

The limb may be in the position of internal or external rotation, retraction, bending or unbending.

27. To determine old fractures, dislocations and other injuries of bones and joints, attention shall be paid to the location of the main identification points, bone protrusions, epicondyles (in the normal position of the elbow joint in the position of extension of the forearm of the epicondyle and the top of the elbow process shall be on the same line). When flexed in the elbow joint, these identification points form an isosceles triangle with an apex on the elbow process.

28. The shape and position of the pelvis shall be studied. It should be remembered that many people up to 80% normally have one leg shorter than the other. When the leg is shortened by 2 centimeters or more, a noticeable pelvic skew shall be determined. In the retraction position of the shortened leg, the curvature of the pelvis shall disappear. Compensated spinal curvature in such cases cannot be attributed to deformation. With the same leg length and pelvic deformation, spinal deformation should be excluded, which requires additional examination. Symmetry of gluteal folds and protrusions of large trochanter

of femur bones shall be noted. Sacral-coccytic area and anus area shall be examined for possible presence of epithelial coccytic passages and their complications, manifestations of chronic paraproctitis, pararectal fistulas, hemorrhoidal nodes, gaping of anus. The investigation of possible hemorrhoidal nodules and rectal lesions shall be carried out in case of mild and severe straining in the position examined on the crusts. A finger examination of the rectum and prostate gland shall be performed according to indications of conscripts.

29. During the examination of the legs, the position of their axes shall be determined.

Straight legs shall be distinguished;

O-shaped, when the knees are stretched towards the axis of the thigh and lower leg form an angle open inward;

X-shaped, when the knees are shifted, the axes of the tibia diverge, the axes of the thigh and tibia form an angle open to the outside.

For determination of O-shaped leg curvature distance between protrusions of internal condyles of femur bones, X-shaped curvature - distance between internal ankles of tibia shall be measured. Attention shall be drawn to the color of the skin of the legs, the presence of swelling, trophic disorders (ulcers, pigmentation), varicose subcutaneous veins. Feet and soles shall be examined.

30. Palpation of the skull shall reveal defects of the arch bones after trauma or surgical interventions, the presence of tumor-like formations of soft tissues and bones.

31. Condition of peripheral lymph nodes, thyroid gland, skin turgor and its temperature, development of muscles shall be determined.

32. Palpation of the abdomen shall determine the state of the anterior abdominal wall at rest and during straining (hernias of the white line, umbilical, inguinal, postoperative), the state of internal organs, external inguinal rings. In the presence of hernia protrusion, its value, content and validity shall be evaluated.

Testicles, their appendages, elements of the sperm, prostate gland shall be palpated in order to detect cryptorchidism, developmental abnormalities, hydrocele of and sperm, tumors, stones, inflammatory diseases of the prostate gland.

33. To assess the state of the musculoskeletal system and spine, it shall be important to identify not so much anatomical changes as to determine its functionality.

The study of the volume of movements in the joints of the limbs shall begin with the performance of active and passive movements in all planes, as well as supinal and pronational movements. Muscle strength of upper and lower limbs shall be determined by performing movements at resistance of observed dynamometry.

The limb circumference shall be measured with a centimeter tape in symmetrical areas. On the hip - in the upper, middle and lower third, on the shoulder and lower leg - in the most voluminous part of them.

Measurement of motion volume in joints shall be carried out as follows:

humerus joint - flexion (the examined sideways to the doctor): the immobile branch of the angular meter shall be installed parallel to the vertical axis of the torso, the axis and the movable branch shall be parallel and in the center of the line connecting the large humerus of the epicondyle with its external epicondyle. The examined raises straight hands as forward much as possible without the participation of the shoulder girdle and deflection of the torso. Unbend - under the same conditions, the arm shall be deflected back as much as possible. Diversion - the examined person shall stand with his back to the doctor. The corners of the blades shall be at the same level, the inner edge of the blade shall be parallel to the vertical line of the spine. Immobile branch of angular meter shall be installed parallel to vertical axis of body, movable branch - parallel to line connecting acromion with ulnar process of ulnar bone. Hands shall be divided to the extent possible;

elbow joint - flexion and unbending: the examined person shall stand sideways to the doctor, hands lowered down, palms forward. Immobile branch of angular meter shall be installed parallel to line connecting humerus cusp with its external condyle, movable branch - parallel to line connecting external humerus cusp with awl-like process of radial bone. The forearm bends slowly to a possible limit. The axis of the angular meter coincides with the transverse axis of the elbow joint (a line connecting the lower edge of the external and internal elbow);

wrist joint - rear extension and palm bending: forearm in horizontal plane, hand straightened and shall be its continuation, first finger pressed. Immobile branch of angular meter shall be installed parallel to line connecting awl-like process of radial bone and external edge of tendon of biceps muscle, movable - along length of second metacarpal bone. Palm flexion and back extension shall be performed, while the axis of the angular meter coincides with the transverse axis of the joint;

hip joint - bending, unbending. The examined person lies on his back, the leg under study is elongated, and the other is bent as much as possible in the hip and knee joints and is fixed in this position by the same hand. Immobile branch of angular meter is installed parallel to line connecting apex of iliac fossa with large trochanter, movable - along line connecting large trochanter and external condyle of thigh. During the measurement, the leg under study shall be flexed in the knee joint. Lead: the examined person shall lie on his back, legs shall be elongated, heels together, arms along the body. The immobile branch of the angular meter shall be installed on the line of the swordlike process - the pubic joint - the inner condyle of the thigh. The leg under study shall be maximally retracted;

knee joint - bending, unbending: the examined person shall lie on his back. Immobile branch of angular meter shall be installed parallel to line connecting large trochanter with external condyle of femur, movable branch - parallel to line connecting head of fibula with external ankle. First, maximum flexion shall be performed, and then complete extension of the tibia;

ankle joint - plantar and posterior flexion:

- 1) the examined person shall lie on the back, the foot at an angle of 90 degrees;
- 2) the fixed branch of the angular meter shall be installed parallel to the line connecting the head of the fibula with the external condyle, movable - along the outer edge (arch) of the foot;
- 3) first rear and then plantar bending shall be performed.

34. The length of the limb shall be measured by a measuring tape. The same symmetric identification points shall be used taking into account the axis of the limb. For the upper limb, this axis shall pass through the center of the humerus head and the head elevation of the shoulder, the heads of the radial and ulnar bones, for the lower limbs - through the anterior upper axis of the ilium, the inner edge of the patella and the first finger, in a straight line connecting these points. To detect limb shortening, a comparison of the true (anatomical) and relative limb length shall be important. With ankyloses, joint contractures, deflection of the shin inward or outward, pathological conditions of the hip joint, the anatomical length of the diseased and healthy limb may be the same, and the relative length of the diseased limb may be less.

The anatomical length of the limb shall be measured by segments, and the relative length shall be measured by a straight line from the beginning to the end of the limb.

The anatomical length of the shoulder shall be measured from the large tubercle of the humerus to the ulnar process, the forearm - from the ulnar process to the awl-shaped process of the ulnar bone. The anatomical length of the thigh shall be measured from the apex of the large trochanter to the articular slit of the knee joint, the shin - from the articular slit of the knee joint to the lower edge of the outer ankle. The sum of the obtained measurements of each limb will be its anatomical length.

The relative length of the upper extremity shall be determined by measuring in a straight line from the acromial process of the scapula to the tip of the third finger, the lower - from the anterior upper iliac bone to the plantar edge of the foot.

35. Spinal examination shall begin with axial loading and determination of pain points, which shall be additionally clarified by percussion of the apex region of the spinous processes and palpation of the paravertebral points. The volume of movement in the cervical spine shall be determined by tilting and turning the head.

Normally, bending of the head shall be possible by 40 degrees and shall occur before the chin contacts the sternum, behind it shall be possible so much that the nape takes a horizontal position, in the side - before contact with the shoulder. Head turns in both directions shall be possible up to 85 degrees. Lateral movements in the thoracic and lumbar parts of the spine shall be possible within 25-30 degrees from the vertical line.

The spine shall take the greatest part in anterior-posterior movements. Restriction of spine mobility in anterior-posterior direction shall be determined by active flexion of the examined person forward. Instead of forming a uniform arc, the spine remains straightened, and tilting forward occurs due to flexion in the hip joints. Further bending shall be made possible only

when squatting, which shall be observed when the examined person lifts a small object from the floor.

36. With suspicion of spinal deformation, projections of the tops of the spinous processes shall be noted on the skin with a diamond green solution. Spinal deformation can be measured. To do this, an answer (thread with a load) shall be used, which is fixed over the spinous process of the seventh cervical vertebra with a sticky patch. If the answer passes exactly along the intergluteal fold, scoliosis shall be considered balanced. If there is a deviation of the plumb, its value shall be measured throughout the deformation for subsequent comparison with the X-ray data. The distance between the edge of the scapula and the spine at symmetrical points shall be compared; the measurement of the strength (dynamometry) shall be evaluated. Since pronounced spinal deformities shall be accompanied by impaired function of external respiration, the lung capacity, minute breathing volume, maximum lung ventilation shall be determined.

The presence of spinal deformation shall be confirmed by an X-ray examination of the spine in the vertical and horizontal position of the body.

37. To evaluate the pathological change of feet (flatulence, deformation), the Chizhin and Friedland indices shall be used. The Chizhin index (foot trace measurement) shall be defined as follows: a foot trace print shall be made on paper. The width of the print and the width of the trail notch shall be measured. The ratio of print width to notch width shall determine the degree of flattening:

- index from 0 to 1 - norm;
- 1 to 2 - flattening;
- above 2 - flatulence.

To estimate flatulence, the Friedland index (flattening of the arch of the foot) shall be determined by the formula: (height of the arch X 100) divided by the length of the foot.

The height of the arch shall be determined by the compass from the floor to the center of the palm bone. Normally, the Friedland index is 30-28 millimeters, with a flatulence of 27-25 millimeters.

The most reliable degree of flatulence shall be identified radiologically. Profile pictures of the feet shall be made in the position of standing under load (without shoes).

To determine longitudinal flatulence on radiographs, by constructing a triangle, the angle of the longitudinal arch and the height of the arch shall be determined. The angle shall be formed by lines drawn from the lower edge of the palm-wedge-shaped joint to the apex of the heel hump and the head of the first metatarsal bone. The height of the vault shall be determined - the length of the perpendicular lowered from the height of the angle of the longitudinal vault to the base of the triangle (the line connecting the surface of the tuberosity of the heel bone with the plantar surface of the head of the first metatarsal bone).

Reliable criteria of degree of transverse flatulence shall be parameters of angular deviations of I metatarsal bone and I finger. To calculate them, an X-ray examination of the

foot in a straight plantar projection shall be carried out. With this placement, the patient lays on the X-ray table on his back, bending both legs in the knee and hip joints. On the radiographs, the bones of the preplusna, metatarsal bones, phalanges, metatarsal and interphalangeal articular slits shall be clearly visible.

The criteria for assessing the degree of longitudinal and transverse flatulence shall be described in the Requirements.

38. An important criterion for assessing functional disorders shall be radiologically detected organic changes in bone tissue - deforming arthrosis of the joints of the foot and the stage of its severity. The presence of arthrosis in the joints of the entire middle part of the foot shall be assessed. In adulthood, the articular slits of the foot shall be radiologically almost the same width.

39. In the position of the examined person bed, the pulsation of the main vessels shall be checked palpatorically and auscultatively. According to the indications, studies are carried out that give objective indicators of the state of circulation (oscillography with nitroglycerin sample, angiography, phlebography, rheovasography, dopplerography).

To detect the compression of the deltoideopectoral artery in various neurovascular syndromes, shall be used the following technique: the patient shall be offered to sit down, stretch his hands to the sides in the horizontal direction at the level of the pectoral girdle, bending them in the elbow joints at right angles vertically upward. Then the examined person shall be offered to make the maximum rotation of the head in the sick or opposite direction. A sign of a deltoideopectoral artery lesion shall be a significant decrease or complete disappearance of the pulse on the radial artery.

For other neurovascular syndromes, the following sample shall be used: if the artery is compressed between the collarbone and the first rib, the pulse on the radial artery weakens or disappears when the shoulders unfold and lower. When artery compression passes between the small thoracic muscle and the beak-like process of the scapula, the pulse disappears when the shoulder is raised and withdrawn.

Chapter 7. Visual organ examination

40. When collecting medical history, the features of vision of the examined person shall be clarified. Attention shall be drawn to the diseases and injuries of the general and the vision organ, the surgical treatment of the eyes, the presence of hereditary diseases of the vision organ in the family. During the conversation, attention shall be drawn to the position and mobility of the eyeballs, the direction of sight, the state of the eyelids, and the ciliary border.

41. Examination of eye function shall begin with less tedious techniques and shall be carried out in the following sequence.

The study of color vision shall be carried out in all the examined, except for family members, using mainly threshold tables, the use of polychromatic Rabkin tables shall not be excluded.

It shall be recommended that the color perception study be carried out by means of threshold tables when natural light or daylight lamps are illuminated. The illumination level ranges from 500 to 1000 lux. Lighting by filament lamps and direct sunlight shall be excluded. The examined person shall be located with his back to the light source (to the window). Each card should be displayed vertically, at a distance of 1 meter from the examined person, at the level of his eyes.

The examined person shall call or indicate with his hand the direction of the open side of the square: up, down, right, left. Exposure of one test shall last for 5 seconds. It shall be recommended to arbitrarily change the exposure order of test tables, and to avoid random guessing, the same table shall be presented at least three times, changing the position of the open side of the square.

If the answers for all 11 tables are incorrect, table № 12 shall be presented, on which the color of the figure and the background shall be selected in such a way that they shall be distinguished by all the examined persons without exception. This control test shall be designed to detect possible color blindness simulation and to demonstrate the examination procedure. The remaining 11 cards shall represent 3 groups of tests respectively for a separate sensitivity test of each of the three color receivers of the eye in quantitative terms with a 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).

The first group of tests (№ 1, 2, 3, 4), shall be designed to detect protodeficiency and protanopia, the second group (№ 5, 6, 7, 8) - deuteficiency and deuteranopia, the third group (№ 9, 10, 11) - tritodeficiency.

A sure distinction of all tests shall indicate normal trichromasia. The indistinguishing of one of tests № 1, № 5 or № 9 when recognizing all other tests shall indicate I degree color attenuation. Indistinguishing tests № 1, 2 or № 5, 6, or № 9, 10 shall be a manifestation of medium (II degree) color weakness. Indistinguishing tests № 1, 2, 3 or № 5, 6, 7, or № 9, 10, 11 shall indicate a pronounced (III degree) weakness. Indistinguishing tests № 1, 2, 3, 4 shall be characteristic of protanopia, tests № 5, 6, 7, 8 - for deuteranopia.

It shall be possible to disrupt the function of two or even three receivers at once. For example, reduced trichromasia shall be as grade I protodeficiency in combination with grade II deuteficiency.

In the distinguishing person shall not recognize all tests - strong trichromasia, those who shall make at least one mistake - weak trichromasia, and those who shall be unable to recognize all tests of one of the groups - dichromasia, i.e. color blinding.

42. Visual acuity shall be examined in all the examined people. It shall be determined by the Golovin-Sivtsev table mounted in the Roth lighting apparatus. The table shall be illuminated by an electric lamp of 40 watts.

Exposure time of each sign shall not be more than 2-3 seconds.

The table shall be set on the wall opposite the windows at a distance of 5 meters from the examined person, so that the lower rows shall be at a distance of 120 centimeters from the floor. Visual acuity shall be taken into account in the number of tables in which the examined person shall read all the signs. Only when reading rows corresponding to visual acuity 0.7; 0,8; 0,9; 1.0 cannot exceed 1 character in a string. In order to avoid excessive visual acuity during the study, brushing shall not be allowed. To determine visual acuity below 0.1, use Polyak's optotypes placed in an regular lighting apparatus. Each optotype shall be demonstrated in at least five different positions, with visual acuity determined by the optotype, which shall be correctly recognized in at least four out of five positions.

If the correctness of the indications of visual acuity is questionable, control methods of research should be applied and repeated tests of visual acuity should be carried out.

43. The degree and nature of refraction abnormality (determined in all the examined) shall be identified in two ways: subjective - by determining visual acuity with correction and necessarily objective - by sciascopy under conditions of cycloplegia with instillation of 1% solution of midriacil or other similar drugs allowed in the territory of the Republic of Kazakhstan.

If people are over 30 years old, midriatic burying shall be carried out after studying intraocular pressure.

Determination of the nearest point of view (volume of accommodation) using a test font for reading N 4 of the Golovin-Sivtsev table shall be carried out for medical reasons for persons whose service character imposes increased requirements on the state of visual functions. The results of the examination should be compared with age norms.

44. Examination of visual fields shall be carried out on the perimeter (simple or projection) for medical reasons.

For medical reasons, campimetry shall be carried out. The examination of night vision (dark adaptation) shall be carried out by the flight crew, persons whose service shall require long-term visual tension at night, on the Semikopny device or the Kravkov-Vishnevsky chamber.

45. Examinations of the anatomical state of the organ of vision shall be carried out by all the examined in a certain sequence. First, the condition of the eye protector shall be determined. At the same time, attention shall be drawn to the state of the eyebrow region, the shape and uniformity of the eye slots, the position and state of the eyelids, eyelashes, intermarginal space, and the nature of the surface and the color of the conjunctiva of the eyelids, the presence of scarring on it.

When examining the tear apparatus, the position and severity of the tear points, the state of the tear bag by pressing on its area shall be taken into account. In case of suspected violation of the tear removal function and in case of lacrimation, the tear removal function

shall be checked with the help of a colored canal and tear-bearing sample (3% solution of collargol or 2% solution of fluorescein or other similar drugs allowed in the territory of the Republic of Kazakhstan).

If a negative or delayed sample shall be received, the anatomical patency of the lacrimal tract by washing them should be checked.

46. A conclusion on the state of the front segments and refracting media of the eye shall be made after examination under lateral illumination, in transmitted light and examination by a slot lamp.

47. Examination of the eye bottom shall be carried out in all the examined people under conditions of partial cycloplegia with instillation of 0.5% tropicamide solution or 1% midriacil solution using a mirror ophthalmoscope (reverse ophthalmoscopy) and readings using an electric ophthalmoscope, a large non-reflex ophthalmoscope or a slot lamp.

48. When examining the oculomotor apparatus, attention shall be paid to the mobility of each eye separately and to binocular movements in order to detect strabismus, nystagmus, and a state of convergence. The degree of strabismus shall be determined using a perimeter arc with a candle and shall be expressed in degrees, as well as using the Meddox scale. It shall be convenient for practical purposes to measure the strabismus angle using the Hirschberg method with a mirror ophthalmoscope. The amount of strabismus shall be 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 angle of strabismus is 15 degrees, if in the middle of the iris - 25-30, on the limb - 45, behind the limb - 60 degrees or more.

When there are complaints about diplopia, which is not accompanied by a noticeable restriction of the mobility of the eyeball, tests of double images with red glass shall be carried out.

When identifying nystagmus, its nature and origin should be identified. In cases where there is no reason to consider ocular pathology as the cause of nystagmus, a consultation shall be held between a neuropathologist and an otorhinolaryngologist. Setting nystagmus shall not be a contraindication to service.

49. The examination of pupil reactions shall be carried out in all the examined. Binocular vision shall be determined in flight personnel, persons whose service shall require long-term visual tension, the examined according to columns I and II, and for medical reasons. The determination of binocular vision shall be carried out on a large diploscope, color test (using polaroid glasses).

Examination of intraocular pressure shall be carried out palpatorically in all the examined. All persons, who are over 40 years old, a tonometry using a Maklakov tonometer shall be carried out.

Chapter 8. ENT organ examination

50. Examination of the ear, nose, and throat of the examined shall be carried out in a room isolated from noises with a length of at least 6 meters. Objective research shall be carried out in a darkened room and with a lateral artificial light source. In the room at the same time there shall be no more than two examined. To examine hearing acuity, the distance on the floor or along the wall shall be pre-placed in meters and half meters. The examination shall begin with an external examination, then the sense of smell, nasal respiration and hearing shall be examined.

51. The study of ENT organs shall include the clarification of complaints, the study of medical history, endoscopy and the examination of the functions of ENT organs.

When collecting a medical history from the examined person, they shall find out the diseases of the ear, throat, nose (the presence in the past of pus from the ear, anginas, frequent or prolonged runny nose, and increased sensitivity to pumping). At the same time, speech defects, their nature and severity shall be clarified.

52. Examination of the hearing organ should begin with examination and palpation of the auricle, mastoid processes, antilobiums and adjacent regions, determining their sensitivity.

To examine the external auditory canal, the examined person shall turn the head about one quarter of the circle so that the continued axis of the auditory canal shall coincide with the direction of the light rays reflected by the reflector.

To pull the auricle up and back, which shall help 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 shall be characteristic of furunculus. Diffuse hyperemia, swelling, separable, desquamation of the epithelium shall indicate diffuse inflammation of the external auditory canal.

Then, using an ear funnel, the tympanic membrane shall be examined. In the presence of an inflammatory process in the tympanic membrane, the light reflex shall disappear or shall distort, injections of blood vessels, hyperemia shall often be observed. With chronic purulent inflammation of the middle ear, the perforation hole in the tympanic membrane shall persist for a long time, pus shall be released through it, granulations, polyps, cholesteatoma shall often be visible.

Detailed examination and determination of the mobility of the tympanic membrane shall be carried out using a Siegle pneumatic funnel. This funnel (a wide part of it is sealed by a lens) shall be tightly inserted into the external auditory canal. Using a rubber balloon connected to the funnel, pressure shall be alternately increased and reduced in the external auditory passage. The tympanic membrane movements shall be observed through an embedded lens.

53. Respiratory and vocal function shall be assessed by upper respiratory tract examination. External parts and nasal cavity and pharynx shall be examined. Attention shall be drawn to the smell of exhaled air.

Nose and nasopharynx shall be inspected (anterior, middle and posterior rhinoscopy). The condition of the mucosa, the presence or absence of pus, polyps shall be checked. Nasal respiration shall be checked by closing the right or left nasal passage in turn, the examined person shall be invited to breathe, closing his mouth, on the doctor's palm or cotton cannon. In case of abrupt disorders of nasal respiration, nasal stench, aspiration, nefariousness, changes in the amygdala, pharyngeal tumors, ulcers on the mucosa, a detailed examination shall be carried out.

54. When detecting stuttering, the results of an examination by expert doctors of a neurologist and psychiatrist shall be used, according to the testimony of a speech therapist.

55. Sense of smell shall be investigated with the help of four standard odors: 0.5% acetic acid solution (weak smell), pure tartaric alcohol (medium smell), simple valerian tincture (strong smell), synthetic alcohol (ultra-strong smell). These liquids shall be stored in numbered vials of the same shape and color. To detect dissimulation, a bottle of fresh distilled water should be of the same shape.

Disorders of sense of smell shall be distinguished between peripheral or central origin. In the first case, they shall be caused by pathological processes in the nasal cavity (chronic runny nose, nasal polyposis, curvature of the nasal septum.). When nasal breathing is difficult, respiratory hyposmia or anosmia occurs. Peripheral disorders of the sense of smell in the form of hypo- and anosmia shall be due to the pathology of the olfactory epithelium, for example, due to acute rhinitis, ozone, atrophic changes, and various toxic effects. Disorders of the sense of smell of central origin shall be associated with damage to the olfactory analyzer at any level of its organization, in which case the examined shall be subject to a thorough neurological examination.

56. The examination of the pharynx (pharyngoscopy) shall be divided into two points. At the first, the examined person shall breathe calmly, without sticking his tongue out the edge of his teeth, and shall try to relax the pharyngeal muscles, at the second, to pronounce the sound "er...", at that moment the soft palate rises up and thereby determines the degree of his mobility, the tongue lies calmly at the bottom of the mouth, slightly crushed by a spatula (with sharp squeeze, the tongue warps, which interferes the examination). When examining the pharynx, attention is paid to the condition of the mucosa, amygdala (with the help of two spatulas they are taken out of their place), the contents of lacunae, the solidity of the amygdala with arches and the condition of the cervical lymph nodes shall be checked.

57. After examination of ENT organs, hearing acuity on whispering speech shall be identified. The auditory function of each ear shall be determined separately, for which the not examined ear shall be tightly closed by pressing a finger on the antilobium. For hearing examination, they shall use not only words from the Voyachek table, but also numbers from 21 to 99, while the examined person shall not see the face of the doctor in order to avoid guessing words on the movement of the lips. For the purpose of possibly the same intensity of whispering, the doctor shall utter the words with the help of air left in the lungs after

exhalation. The study shall begin at a distance of at least 6 meters. The final acuity of hearing shall be the distance (in meters and half meters) from which the examined person shall repeat all or the absolute majority (5 of 6 or 4 of 5) of the words that the doctor shall say in a whisper.

If the hearing loss does not correspond to objective data and in all dubious cases, repeated hearing testing shall be carried out and additional examination methods shall be used.

58. In the case of medical examination of flight personnel, candidates entering the higher educational institution for the training of aviation personnel, entering the service, for positions related to frequent trips to aircraft, motor vehicles, as well as all those entering special educational institutions for full-time training, the study of the vestibular apparatus shall be mandatory.

In the study by the double rotation method according to V.I. Voyachek (otolytic reaction), the head and body of the examined person shall be tilted forward 90 degrees and rotated in the Barani chair 5 times for 10 seconds. After stopping rotation, the examined person continues to sit with his eyes closed in the same position for 5 seconds, after which he shall be offered to straighten quickly. As a result, combined irritation of the vestibular apparatus receptors shall be created. Such a functional load shall be easily tolerated by people with normal excitability of the vestibular apparatus; they shall not have significant motor and vegetative reactions. The occurrence of strong motor, especially vegetative, reactions shall indicate a decrease in resistance to vestibular "loads."

The state of vestibulovegetative stability in flight personnel shall be determined by methods of continuous and discontinuous accumulation of Coriolis accelerations.

In the presence of indications (the presence of complaints, special selection, to clarify the diagnosis), additional examination shall be carried out on radiography, audiometry, tympanometry, computed tomography of the attached sinuses of the nose, mastoid processes.

Chapter 9. Oral cavity and jaw examination

59. The examination of the oral cavity and jaws shall consist of detecting complaints, assessing their nature, collecting medical history, clinical and functional examination. Data on diseases, injuries and operations of the maxillofacial region are being clarified in the examined person.

60. Objective examination shall begin with an assessment of the posture, position of the torso, head and legs in relation to the vertical plane. Then an external examination of the face shall be started in order to detect possible defects, deformation, scarring, fistula, asymmetry. Examination of the lymph nodes of the neck shall be carried out palpatorically at a slightly lowered position of the head, as well as by probing them in the position of the doctor behind the examined person. The function and condition of the temporomandibular joint shall be examined by palpation, and by indications using radiological and functional methods.

61. During examination, the main functions of the organs of the denture system shall also be examined: respiration, speech, swallowing, chewing. Disruption of the chewing function shall be expressed in changing chewing phases, uneven distribution of chewing pressure, increasing the number of chewing movements and lengthening the time of chewing food. The degree of loss of chewing efficiency shall be identified using conditional coefficients according to N. I. Agapov. At the same time, the chewing power of all teeth shall be taken as 100%, including the power of each tooth shall be expressed by the following numerical values: lateral incisor - 1%, central incisor - 2%, cuspidate teeth - 3%, premolar teeth - 4%, first molar - 6%, second molar - 5%. The degree of preserved chewing efficiency with partial tooth loss shall be identified by deducting from 100% the sum of the coefficients of missing teeth and their antagonists. Wisdom teeth shall not be taken into account.

In order to assess the chewing effectiveness after operations, injuries and complex prosthetics, the methods of Gelman, Rubinov and others shall be used.

62. Objective examination of the oral cavity and teeth shall consist of examination, palpation and percussion. According to the indications, electroodonto-diagnosis, examination of teeth and periodontal in transmitted light, application samples of Pisarev - Schiller and others shall be used.

The teeth joining in the central occlusion (bite) shall be determined in three mutually perpendicular planes (sagittal, vertical and horizontal). With bite anomalies, the type as well as the degree of anomaly by means of linear measurements of the shift of the dentitions shall be identified. Anomalies of the bite of I degree shall include cases of shifting of the dentitions to 5 millimeters, II degree - from 5 to 10 millimeters, III degree - over 10 millimeters. This value in millimeters shall be indicated in parentheses after the degree of anomaly.

Chapter 10. Gynecological examinations

63. The most important type of gynecological examination shall be bimanual probing, which shall allow to objectively judge the state of the uterus (position, size, shape, consistency, degree of mobility), uterine appendages and sacral-uterine ligaments.

64. During gynecological examination, the simplest types of instrumental examination shall be used: examination of the vagina and cervix using mirrors, probing the uterus, puncture of the posterior arch, biopsy from the cervix, taking aspirate (suction) from the uterine cavity, chromodiagnosis (color reaction of the cervical mucosa after lubrication with Lugolev solution), cytology of vaginal smears, colposcopy.

65. In chronic cervicitis, urethritis, inflammation of the glands of the vestibule of the vagina, proctitis, various methods of provocation shall be used in order to artificially aggravate the process, in connection with which, often, cervical fluid shall be increased. This shall make it easier to find a specific causative agent or shall lead to characteristic clinical signs. Local methods of provocation shall also be used: mechanical (expansion of the urethra

or neck canal with dilators, simple massage of the urethra or cervix), chemical (lubrication with protargol, Lugolev solution, 10% salt), physiotherapeutic (ionophoresis, diathermia, local light baths, hot sprinkling, mud tampons), biological (injection of a separable cervical canal into the cervix) For this purpose, alimentary provocation or specific provocation with the administration of vaccines shall also be used.

Annex 2
to the Rules for conducting
military medical examination
in the Armed Forces
of the Republic of Kazakhstan
Form

Referral for examination (treatment)

A citizen _____

(last name, first name, patronymic (if any), date of birth)

You are sent for hospital (ambulatory) examination (treatment) _____

—

—

(name of the treatment and prevention organization and address of the organization)

To the medical and preventive organization to appear at ___ time _____ 20 ___ " ___ "

Preliminary diagnosis _____

—

Seal

Head of the Department (Division) for Defense _____

—

—

(military rank, signature, surname and initials)

_____ 20 ___ " ___ "

—

(cut line)

Notice

To whom _____

(position of the head of the organization, last name, first name, patronymic (if any))

—

According to Law of the Republic of Kazakhstan dated February 16, 2012 "On military service

and the status of military personnel" _____ "

(last name, first name, patronymic (if any))

sent for hospital (ambulatory) examination (treatment) to _____

(name of the treatment and prevention organization and address of the organization)

In this regard, I hereby ask you to provide time to complete the stationary course.

(ambulatory) examination (treatment).

Head of Defense Department (division) _____

(military rank, signature, first name, last name)

Seal

_____ 20 ____ " ____ "

Annex 3
to the Rules for conducting
military medical examination in
Armed Forces
of the Republic of Kazakhstan
Form

Corner stamp of curative
preventive
organizations
health, military
medical institution

**ACT
of health examination**

(last name, first name, patronymic (if any), date of birth)

was under the direction of the head of the department (office) for defense

(name of the defense department (office))

from _____ 20 ____ " ____ " № ____ on hospital, ambulatory (unnecessary to cross out)
examination in _____

(name of health organization, military medical institution)

_____ from _____ to _____

Complaints _____

—

Medical history _____

—

—

—

Objective examination data

: _____

Results of special examinations _____

—

Diagnosis: _____

—

Chief medical officer of the medical health organization, Chief of the military medical institution

(signature, first name, last name)

Head (chief) of the department _____

(signature, first name, last name)

Seal

The doctor who performed the examination _____

(signature, first name, last name)

Postal address of the medical organization of health, military medical institutions _____

—

Annex 4
to the Rules for conducting
military medical examination
in the Armed Forces
of the Republic of Kazakhstan
Form

**Certificate
of medical examination**

(first name, last name, patronymic (if any), date of birth)

Complaints _____

Anamnesis _____

Objective examination data _____

Results of special examination (laboratory, radiological,
instrumental and other)

Diagnosis: _____

Conclusion of the specialist doctor: on the basis of paragraph ____ the subparagraph _____
column ____

Requirements for the health status of persons for service in the Armed Forces,
other troops and military formations of the Republic of Kazakhstan approved in

Article 11, paragraph 2, subparagraph 1), of the Code of the Republic of Kazakhstan dated July 7, 2020 "On health of the people and the healthcare system," _____

—

—

(indicate the category of fitness for military service, indicator of purpose)

—

—

(Specialist doctor signature, initials)

_____ 20 ____ " ____ "

Appendix 5 to the Rules for
conducting military medical examinations
in the Armed Forces of the Republic of
Kazakhstan
Form

Book of minutes of meetings of the military medical (medical-flight) commission

_____ **name of**
the medical commission of the military medical examination)

Footnote. Appendix 5 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

--	--	--	--	--	--

Conclusion of the

Last name, first name, patronymic (if any), Taxpayer Identification Number (TIN), year of birth (day, month, year), military rank, position held (flight speciality), military unit, called up (entered under contract) for military service (indicate which D(D)DA, city, district, day, month, year), by whom referred for medical examination (№ and date of referral), previous MFC (date and place of passing)

Complaints and brief anamnesis

Objective examination data, results of special examinations, diagnosis and conclusion of the MMC (MFC) on the causal relationship of the disease, injury (wounds, trauma, contusion)

Conclusion of the Military Medical Commission (MFC) on the category of suitability for military service (for flight work), service in a military registration speciality or with a harmful factor

No

					regular MMC (MFC)
1	2	3	4	5	6

Note:

1. The book of minutes of meetings of the Military Medical (medical-flight) Commission (hereinafter referred to as the Book of minutes of meetings of the MMC) shall be kept in all medical commissions of the military medical examination.

2. In the book of minutes of the meetings of the MMC, all sheets shall be numbered. The sheets shall be numbered sequentially at the top of the sheet on the right. The book of minutes of the meetings of the MMC shall be laced, secured with the seal of the organization (institution) and registered in the non-secret office work.

3. Each meeting protocol begins with "Minutes № __ dated "__" _____ 20__" indicating the date and number of the protocol, calculated from the start date of the annual reporting period.

4. The serial numbers (column 1) in the protocols shall be indicated through a fraction: in the numerator - the serial number of the given protocol, in the denominator (starting with protocol № 2) - the serial number of those who passed the commission in a continuous order, calculated from the start date of the annual reporting period. For example, if 30 people passed on the first day, then in protocol № 2, № 1/31 shall be entered against the first recorded person to be examined, № 5/35 against the fifth, and so on.

5. All entries shall be made with indelible ink or a blue or black ballpoint pen, legibly and neatly, without blots or erasures, and easily readable. The use of pencils or inks that can be easily removed from paper, as well as erasures or additions, crossed-out words, and other unspecified corrections, shall be prohibited. Blank spaces shall be crossed out, and additions and other corrections shall be specified. Any inaccuracies admitted shall be corrected with blue or black ink or a ballpoint pen, signed by the chairman of the commission, and certified by the seal of the organization (institution).

6. The book shall record all those examined who have undergone a medical examination during the day, including those sent for examination (treatment).

7. In the book of minutes of the meetings of the MMC for examined persons who do not have diseases, it shall be permitted not to record objective data, but to indicate – medically fit.

8. When issuing a conclusion from the MMC (MFC) as a certificate of illness, the diagnosis (column 4) in the protocols shall be indicated by code according to the international classification of diseases.

Appendix 6 to the Rules for
conducting military medical examinations
in the Armed Forces of the Republic of
Kazakhstan
Form

Corner stamp of the institution

(Military Medical Commission)

Certificate of disease № _____

Footnote. Appendix 6 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

" ____ " _____ 20__ by the military medical commission

_____ (name of the MMC, MFC)

on referral _____

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

_____ examined:

1. Last name, first name, patronymic (if any) _____

2. Date of birth _____, in the Armed Forces since _____ (month and year)

3. Military rank _____

4. IIN _____

5. Military unit (type, branch of troops, RsC) _____

6. Position held _____

speciality _____

7. Called up (entered under contract) for military service _____

_____ (Indicate D (D) DA, month and year of call-up, entry into military service under contract).

8. Height _____ cm. Body weight _____ kg. Chest circumference (at rest) _____ cm.

9. Complaints _____

10. Medical history _____

(indicate when the disease occurred, when and under what circumstances the injury was received (wound, trauma, contusion); presence or absence of a certificate of injury, the impact of the disease on the performance of military service duties, the results of previous medical examinations, the treatment measures used and their effectiveness, being on sick leave, treatment in sanatoriums)

11. Was examined and treated _____

(Indicate the healthcare institutions, military medical institutions and the time of stay in them)

Medical history №____; Code _____; Code _____.

12. Objective examination data

13. Results of special studies (X-ray, laboratory, instrumental, etc.):

14. Information on the service activities of the military serviceman _____

(Indicate information according to the document submitted from the military unit (institutions): the impact of health on the performance of duties military service, the attitude of a serviceman to continue military service services and the opinion of the command on the advisability of maintaining a serviceman in military service).

15. Conclusion of the MMC (MFC):

1) Diagnosis: _____;

2) causal relationship of injury (wound, trauma, contusion), disease: based on paragraph _____ subparagraph _____ of the Rules for conducting a military medical examination, approved by order of the Minister of Defense of the Republic of Kazakhstan dated December 21, 2020 № 716 (registered in the State Register of Normative Legal Acts under № 21869) _____

3) suitability category: based on paragraph _____ subparagraph _____ column _____ of the Requirements for the health of persons for service in the Armed Forces, other troops and military formations of the Republic of Kazakhstan, approved by order of the Minister of Defense of the Republic of Kazakhstan dated December 22, 2020 № 722 (registered in the State Register of Normative Legal Acts under No 21863)

16. Accompanying person _____ (required, not required).

_____ (indicate the number of accompanying persons, type of transport).

17. Special notes

Chairman of the commission

(Military rank, signature, initial of name, surname)

Place for stamp

Members of the commission: _____

(military rank, signature, first name initial, last name)

(military rank, signature, initial of first name, last name)

Secretary _____

(military rank, signature, initial of first name, last name)

Postal address of the commission

Conclusion of the regular military medical commission

Note: The date of examination and the number of the certificate of illness shall correspond to the date and number of registration in the book of minutes of meetings of the military medical (medical flight) commission.

In copy № 1 of the illness certificate, in the section "diagnoses", after each illness or injury (wound, contusion, trauma), the disease or injury codes according to the International Classification of Diseases (hereinafter referred to as ICD) shall be indicated in brackets. In copies № 2 - 4 of the illness certificate, only the disease or injury codes according to the ICD shall be indicated; the information set out in paragraphs 9, 10, 11, 12, 13, and 14 of the illness certificate shall not be indicated.

The certificate of illness shall be printed on A4 sheets, in font "Times New Roman", a font size not less than 12 with single line spacing. When issuing a certificate of illness on two or more sheets, the document shall be drawn up on both sides of the sheet using mirror margins, items 11, 13 and 14 shall be set out on additional sheets. On additional sheets after the number of the certificate of illness, "continued" shall be indicated in brackets and then the date of examination, the name of the MMC (MFC), who sent with the date and number of the referral, the purpose and reason for the examination and the passport section (items 1 - 8 of the certificate) shall be indicated.

To formalize the conclusion of the regular military medical commission, a free space shall be left at the bottom of the first page of the illness certificate at the level of three-quarters of the page.

In the section "diagnoses" all diagnoses of the disease (consequences of wounds, contusions, injuries, mutilations) shall be indicated in the order of expert significance. The main disease (consequences of wounds, contusions, injuries, mutilations) of the examined person, which was the basis for issuing an expert opinion on the category of suitability for military service, is listed first. Then other diseases (consequences of wounds, contusions, injuries, mutilations) etiopathogenetically associated with the main disease shall be listed. Further, all concomitant diseases shall be listed that to a lesser extent limit suitability for

military service, service in a military registration speciality or with a harmful factor and are not associated with the main disease. Finally, diagnoses shall be indicated that do not provide grounds for applying the relevant points of the Requirements imposed on the health status of persons for service in the Armed Forces, other troops and military formations of the Republic of Kazakhstan (hereinafter referred to as the Requirements), approved by order of the Minister of Defense of the Republic of Kazakhstan dated December 22, 2020 № 722 (registered in the State Register of Normative Legal Acts under № 21863).

The items and subitems of the Requirements shall be specified in the same order as the diagnoses of established diseases, in digital form and words. The item of the Requirements that provides for the main disease shall be specified first, then all other items depending on the severity and functional impairment. Items and subitems of the Requirements that do not change the category of suitability for military service shall not be specified.

The conclusion of the MMC (MFC) on the causal relationship of injury (wound, trauma, contusion), and disease shall be issued strictly in the wording provided for by these Rules.

The conclusion of the MMC on the degree of suitability for military service (service in a military registration speciality) and the conclusion of the MFC on the degree of air worthlessness for flight work (flights, flight control, control of an unmanned aerial vehicle, parachute jumps, flight training) shall be issued in the wording provided for in Appendices 17 and 20 of these Rules; it shall be prohibited to change or shorten these wordings. The categories of suitability for military service (service in a military registration speciality) and airworthiness for flight work (flights, flight control, control of an unmanned aerial vehicle, parachute jumps, flight training) shall be issued separately.

If the person being examined has an injury (wound, trauma, contusion) and a disease, the diagnosis and causal relationship of the injury (wound, trauma, contusion) and the disease shall be entered separately in the certificate of illness.

If the person being examined has several diseases, injuries (wounds, trauma, contusions) or their consequences that arose (were received) under different circumstances, the diagnosis and causal relationship of the injury (wound, trauma, contusion) and the disease shall be entered separately in the certificate of illness.

Annex 7
to the Rules for conducting
military medical examination
in the Armed Forces
of the Republic of Kazakhstan
Form

Card

**studying the reasons for the unjustified conscription of a citizen
for military service for health reasons**

Section 1

General Information

1. Last name, first name, patronymic (if any) _____
—
2. Date of birth _____
3. Year and month of conscription for military service _____
—
4. By what draft commission was called up for military service _____
—

5. Date of dispatch from the regional assembly point _____
—
6. By which military medical commission was examined _____
—
(garrison, hospital,

—
medical commission of the health organization)
7. Date and number of the minutes of the meeting of the permanent MMC on the approval of this certificate of disease _____
—
8. Diagnosis of disease, subsections, paragraphs, columns of Requirements for condition health of persons for service in the Armed Forces, other troops and military formations of the Republic Kazakhstan _____

9. Conclusion of the MMC on the degree of fit for military service (on the certificate of disease) and causal link _____
10. Data on the medical history of the disease on the certificate of disease _____

Section 2. Information on the state of health (diseases and injuries suffered) in the pre-call period

1. According to the child development map: _____

2. During the period of observation by the teenage service:

1) in admission-transfer from the pediatric health system service to the adolescent, on reaching the age of 15 (medical results examinations) _____

2) at a medical examination at the age of 16: _____

3. Results of the medical examination at the initial registering for military service: _____

4. Information on the state of health according to the "Conscript examination sheet" (from parents, close relatives, internal affairs bodies) _____

5. Information about bad habits (smoking, alcohol use, drugs abuse) _____

6. Results of health assessment of the conscript medical examination during conscription for military service (whether the conscript was sent for additional medical examination of whether the postponement of conscription for military service was presented for health reasons, for what kind of diseases, for what period and how many times) _____

Section 3. Results of the investigation of the Defense Department (s)

1. When the disease (diseases) should have been detected _____

2. For what reasons this disease had not been detected before the conscript was sent to military service _____

3. Measures taken to prevent cases of unreasonable conscription by health _____

Head of defense department (office)
(military rank, first name, last name, signature,)

Seal

Chairman of the medical commission: _____

(military rank, signature, first name, last name)

20 ____ " ____ "

Section 4. Results of the consideration and evaluation of the quality of the detection investigation of the true reasons for unreasonable conscription for military service for health reasons of the department of defense

1. Opinion of the head of the department of defense on the validity of the conscription of a citizen for military service _____

2. Preliminary conclusion on the reason for unreasonable conscription of a citizen _____

3. Measures taken by the head of the department of defense to prevent unreasonable conscription for health reasons for military service _____

4. In case of unreasonable return from the troops, what kind of medical documents proving this, had been submitted to the permanent MMC by the department of defense

Head of the department of defense: _____

(military rank, signature, first name, last name)

Seal

Chairman of the medical commission: _____

(military rank, signature, first name, last name)

Seal

The head _____ of the region _____

—

(specialist) (signature, first name, last name)

20 ____ " ____ "

Section 5. Final conclusion of the permanent MMC on the reason for unreasonable conscription for military service for health reasons and investigation results

1. Causes for unreasonable conscription for military service for health reasons _____

—
—
—

2. Quality of the investigation conducted to identify the true causes of the insufficient conscription for health reasons _____

—
—
—
—
—

Head of the permanent MMC _____

Seal _____

(military rank, signature, first name, last name)

20 ____ " ____ "

Note: Sections I, II, III shall be filled by the defense department (offices); section IV shall be filled by the departments of defense of regions, cities of republican significance and capital . A card with filled sections I, II, III and IV shall be sent to the CMMC in 3 copies.

Section V shall be filled by the CMMC.

Annex 8
to the Rules for conducting
military medical examination
in the Armed Forces
of the Republic of Kazakhstan
Form

Space for photograph

(official seal of the department
(offices) for defense affairs,
military unit)

Card
of medical examination of a citizen entering
to a military educational institution

1. Last name, first name, patronymic (if any), date of birth _____

(military personnel to specify military rank)

2. Place of residence (address) _____

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

3. Diseases suffered, including infectious diseases over the past 12 months _____

4. Information on intolerance (hypersensitivity) of drugs and other substances _____

5. Information on being under regular medical check up (observation) _____

6. The name of the higher educational university where the candidate plans to enter _____

7. Examination results:

	Preliminary medical examination in the region (or in the oblast) 20 ____ " ____ "	Final medical examination at the higher educational institution 20 ____ " ____ "
Complaints and anamnesis		

General blood test		
Microprecipitation reaction (microreaction) to syphilis		
General blood test		
Radiography of the ancillary sinuses of the nose		
ECG examination		
Thorax organ fluo		

rog rap hy										
Exa min atio n of fec es for hel min thic egg s										
Blo od test for vira l hep atiti s B and C mar ker s										
Sug ar blo od test										
Blo od test for HI V infe ctio n										
Oth er exa min atio ns										
ant hro po	height					BMI	height			

metry	standing			sitting			standing	sitting			BMI
	Arm length	leg length	weight	Arm length	leg length	weight		Arm length	leg length	weight	
Manual dynamometry (right/left hand)											
Dynamometry of the back											
Therapist											
Endocrine system											
Cardiovascular system											
Functional test	at rest	after load	in 2 minutes	at rest	after load	in 2 minutes					
Pulse in a minute											
Blood pressure											

Res
pira
tory
org
ans

Dig
esti
ve
org
ans

Kid
ney
s

Spl
een

Hea
rt
and
thyr
oid
ultr
aso
und

Dia
gno
sis

Co
ncl
usi
on

Dat
e,
sig
nat
ure,
last
na
me,
initi
als
of
the
doc
tor

Surgeon

Ly
mp
h
nod
es

Musculoskeletal system		
Peripheral vessels		
Urinary system		
Anus and rectum		
Ultrasound of urogenital system		
Diagnosis		
Conclusion		
Date, signature, last name, initials of the		

doc tor		
Neurologist		
Cra nial ner ves		
Mo tor sph ere		
Ref lex es		
Sen siti vity		
Aut ono mic ner vou s syst em		
Spe cial exa min atio n (Ech oen cep hal osc oph y EE S, elec troe nce pha logr aph y EE G)		
Dia gno sis		

Co ncl usi on		
Dat e, sig nat ure, last na me, initi als of the doc tor		
Psychiatrist		
Per cep tion		
Inte llec tual Mn esth etic sph ere		
Em otio nal- will sph ere		
Dia gno sis		
Co ncl usi on		
Dat e, sig nat ure, last na me, initi		

als of the doc tor		
--------------------------------	--	--

Oculist

	right eye	left eye	right eye	left eye
Col or sen sati on				
Vis ual acu ity wit hou t corr ecti on				
Vis ual acu ity wit h corr ecti on				
Ref ract ion skia sco pic ally				
Bin ocu lar visi on				
Clo sest poi nt of clea r sig ht				

Tea r pat hs				
Eye lids and con jun ctio ns				
Pos itio n and mo bilit y of eye ball s				
Pup ils and thei r rea ctio n				
Opt ical me diu ms				
Eye gro und				
Dia gno sis				
Co ncl usi on				
Dat e, sig nat ure, last na me,				

initials of the doctor				
Otorhinolaryngologist				
Speech				
Nasal breathing	right	left	right	left
Perception of whispering speech				
Earbar of function				
Vestibular set function				
Sense of smell				
Special studies				
Diagnosis				
Conclusion				

Date, signature, last name, initials of the doctor	
--	--

Dentist

Bit e	
----------	--

Oral mu cos a	
------------------------	--

T e e t h f o r m u l a	
--	--

Gingi va	
-------------	--

Diagn osis	
---------------	--

Concl usion	
----------------	--

Date, signature, last name, initial s of the doctor	
--	--

dermatovenerologist

--	--

Diagnosis	
Conclusion	
Date, signature, last name, initials of the doctor	
Other specialists	
Diagnosis, conclusion, date, signature, surname, doctor's initials	

8. Conclusions of military medical commissions:

1) during a preliminary medical examination of a military medical commission

_____ pursuant to paragraph (____) of subparagraph _

(to specify MMC name)

columns ___ Requirements for the health reasons of persons for service in the Armed Forces, other troops and military formations of the Republic of Kazakhstan, approved in accordance with Article 11, paragraph 2, subparagraph 1) of the Code dated July 7, 2020

"On health of people and healthcare system"

_____ Seal

Chairman of the commission _____

(military rank, signature, first name, last name)

Secretary of the commission _____

(military rank, signature, first name, last name)

Post address of the commission:

— 2) during the final medical examination of the military medical commission ____

— (to specify MMC name)

According to the paragraph ____ of the subparagraph __ columns ____ Requirements imposed to health reasons of persons for service in the Armed Forces, other troops and military formations of the Republic Kazakhstan approved by Article 11, paragraph 2, subparagraph 1) of the Code of the Republic of Kazakhstan dated July 7, 2020 "On health of people and healthcare system" _____

— Seal

Chairman of the commission _____

(military rank, signature, first name, last name)

Secretary of the commission _____

(military rank, signature, first name, last name)

Post address of the commission: _____

Note: For candidates (students) entering schools (Jas Ulan) and military departments, only the column "final medical examination" shall be filled out.

Annex 9
to the Rules for conducting
military medical examination
in the Armed Forces
of the Republic of Kazakhstan
Form

Corner stamp of the military
medical institution
(military-medical
commission)

Certificate of medical examination № ____

20 ____ " ____ " of the military medical commission _____

— (name of MMC, EAMC)

in the referral of _____

(to specify the officials, date, document number, purpose and reason for referral)

_____ examined:

1. Last name, first name, patronymic (if any) _____

—

2. Date of birth _____, in the Armed Forces from _____

—

(month and year)

3. Military rank _____

4. IIN _____

5. Military unit (type, type of troops, RgC) _____

6. Position _____

specialty _____

—

7. Called up (entered under the contract) for military service _____

—

(to specify D (D)D, month and year of conscription, entry into military service under contract)

8. Information on service activities of military personnel (should be filled in when determining fit for military service) _____

(to specify information according to the document submitted from the military unit (institution):

impact of the state

—

health to perform the duty of military service, the attitude of the military personnel to continuation of the military

—

services and the opinion of the command on the purposefulness of retaining a military personnel on military service)

9. Conclusion of MMC (EAMC):

1) diagnosis _____

2) causal link of disease, injury (wounds, injuries, contusions): _____
on the basis of paragraph ___ of the Rules for conducting military medical examination,
approved by

in accordance with Article 11 of paragraph 1, subparagraph 10) of the Code of the
Republic of Kazakhstan "On health
of people and healthcare system"

3) category of the fit to military service (the fit to service on military specialty,
airworthiness, etc.): _____ according to paragraph (___)
of subparagraph (___), the columns _____

of the Requirements for the health reasons of persons for service in the Armed Forces,
other troops and

military units of the Republic of Kazakhstan approved in accordance with Article 11 of
paragraph 2, subparagraph 1) of the Code of the Republic of Kazakhstan dated July 7, 2020
Kazakhstan "On health of people and healthcare system"

Seal

Chairman of the commission _____
(military rank, signature, first name, last name)

Members of the commission: _____
(military rank, signature, first name, last name)

Secretary of the commission _____
(military rank, signature, first name, last name)

Postal address of the commission _____

Conclusion of the permanent military medical commission:

Annex 10
to the Rules for conducting
military medical examination
in the Armed Forces
of the Republic of Kazakhstan
Form

Space for photograph
(official stamp of the department
(office) for defense affairs,
military unit)

Card
medical examination of a citizen entering the
military service under the contract

1. Last name, first name, patronymic (if any), date of birth _____

—

(to specify the military rank of the military personnel on the reserve)

2. Place of residence (address): _____

3. Diseases suffered including infectious diseases last 12 months

4. Information on intolerance (hypersensitivity) of drugs and other substances _____

5. Information on being under regular medical checkup (observation) _____

6. Type of troops, military accounting specialty (military position) _____

7. Information on being in follow up by disease: _____

(registration mark, medical health organization stamp)

Mental _____

Narcological (with results of testing for narcotic substances) _____

Tuberculosis _____

Skin and venereological _____

8. Examination results:

Examination	Date for conducting	Result
Height/body weight, BMI		
General Blood Test		
Microrecipitation reaction (microreaction) to syphilis		
General urine test		
ECG test		

Thorax organ fluorography		
X-ray diffraction pattern of nasal accessory sinuses		
Blood test for viral hepatitis B, C markers		
HIV blood test		
Intraocular pressure measurement		
Blood test for sugar over 40 years old		
Right hand/left hand dynamometry		
Drug test		
Other examinations		

9. Examination results

Checkups	Results		
Therapist:			
Complaints and anamnesis			
Endocrine system			
Cardiovascular system			
Functional test	at rest	after load	after 2 min
pulse per minute			
blood pressure			
Respiratory organs			
Digestive organs			
Kidneys			
Spleen			
Diagnosis			
Conclusion			
Date, signature, last name, initials of the doctor			
Surgeon:			
Lymph nodes			
Musculoskeletal system			
Peripheral vessels			
Genitourinary system			
Anus and rectum			
Diagnosis			

Conclusion		
Date, signature, last name, initials of the doctor		
Neuropathologist:		
Craniocerebral nerves		
Motor sphere		
Reflexes		
Sensitivity		
Vegetative nervous system		
Diagnosis		
Conclusion		
Date, signature, last name, initials of the doctor		
Psychiatrist:		
Perception		
Intellectual and Mnestic Sphere		
Emotional-will sphere		
Diagnosis		
Conclusion		
Date, signature, last name, initials of the doctor		
Oculist:		
	right eye	left eye
Color sensation		
Visual acuity without correction		
Visual acuity with correction		
Refraction skiascopically		
Binocular vision		
Closest point of view		
Tear paths		
Eyelids and conjunctiva		

Position and mobility of eyeballs.		
Pupils and their reaction		
Optical media		
Eye bottom		
Diagnosis		
Conclusion		
Date, signature, last name, initials of the doctor		
Otorhinolaryngologist:		
Speech		
	to the right	to the left
Nasal breathing		
Whispering speech		
Ear barofunction		
Vestibular set functions		
Sense of smell		
Diagnosis		
Conclusion		
Date, signature, last name, initials of the doctor		
Dentist:		
Bite		
Oral mucosa		
Teeth (formula)		
Gums		
Diagnosis		
Conclusion		
Date, signature, last name, initials of the doctor		
Dermatovenerologist:		
Diagnosis		
Conclusion		
Date, signature, last name, initials of the doctor		
Other specialist doctors:		

Diagnosis,
conclusion, date,
signature,
surname, doctor's
initials

10. Conclusions of the MMC during a medical examination _____
_____ on the basis of paragraph (____) of
subparagraph (____), the columns ____
(to specify MMC name)

Requirements for the health reasons of persons for service in the Armed Forces, other troops and military units of the Republic of Kazakhstan approved in accordance with Article 11 of paragraph 2, subparagraph 1) of the Code of the Republic of Kazakhstan dated July 7, 2020 "On health of people and healthcare system"

Seal

Chairman of the commission _____
(military rank, signature, first name, last name)

Secretary of the commission _____
(military rank, signature, first name, last name)

20 ____ " ____ "

Postal address of the commission: _____

Note: Filling in all columns is mandatory.

Annex 11
to the Rules for conducting
military medical examination
in the Armed Forces
of the Republic of Kazakhstan
Form

Corner stamp
of the military unit
(institutions)

To the chief (commander)

(to specify military medical
institution)

Referral for medical examination

1. Hereby sent for medical examination (survey) for

(to specify the purpose of the medical examination, as well as the reason for sending to the MMC)

(EAMC) - for health reasons, the conclusion of a new contract for military service, upcoming dismissal from military service, upon reaching the age limit in military service, by organizational and permanent events)

2. Last name, first name, patronymic (if any) _____
 3. Military rank _____
 4. Date of birth _____
 5. Military unit _____
 6. Specialty _____
 7. Called up (entered under the contract) for military service _____
(to specify department (office))
-

on defense affairs, month and year of conscription, enlistment under contract)

8. Preliminary diagnosis: _____
 9. Referral Date _____
 10. The conclusion of MMC (EAMC) shall requested to send _____
-

(name and postal address of the military unit or personnel body)

11. Special marks _____
Commander (chief) _____

(military rank, signature, first name, last name)

Seal

(official seal
of the military unit
(institution))

Note: 1. When referring for medical examination of members of the Armed Forces to specify the purpose of the medical examination, the reason for the referral, surname, first name,

patronymic (if any), date of birth, position, specialty. Paragraphs 3, 7 shall not be filled in.

2. When referring for medical examination of military personnel, for determination fit in AAF, NF and SFU, paragraph 11 shall indicate their belonging to units

of special forces, marines, airborne assault and reconnaissance units, combat swimmers and diving personnel, as well as the crew of ships, or information about involvement military personnel to parachute jumps, underwater driving tanks and other vehicles, as well as leave for sea trials.

3. When sending cadets of military educational institutions for medical examination, paragraph 11 shall indicate the date of conclusion of the contract for military service.

Information on the service of the military personnel

Last name, first name, patronymic (if any) _____

Military rank _____

Date of birth _____

Military unit _____

Position, from _____

Education _____

(to indicate the name of the educational institution and graduation year)

1) Information on the nature of military service duties served by military personnel on the position _____

(to specify the main areas of activity of the military personnel, frequency of departure to business trips, field exercise,

daily duties (guard), quality of their performance, including performance

of the standards for vocational training (physical, combat training), and others)

2) Influence of health condition on quality and performance of duty of military service

(to specify the extent of the effect of the military personnel's health on performance of his duties of the military

services, especially at field exercise, business trips, in daily duties (guard), for passing training

standards for vocational training (physical, combat training) and others)

3) Characterological features _____

(to specify features of evaluation value

_____ of health conditions: memory, thinking, adaptive abilities and others)

4) The attitude of the military personnel to continue military service _____

5) The opinion of the command on the appropriateness of retaining military personnel on a military service _____

(to specify the reasoned opinion of the command on the appropriateness or

the impracticality of retaining a military personnel in military service)

Commander (chief) _____

(military unit (institution), military rank, signature, first name, last name)

Seal

(official seal

of the military unit

(institution)

Note: The information shall be compiled by the direct commander (chief) of the military personnel and signed by the commander of the military unit (head of the institution).

Information shall be certified by the seal of the military unit (institution).

Annex 13

to the Rules for conducting
military medical examination
in the Armed Forces
of the Republic of Kazakhstan

Form

Information on the military personnel health status

Last name, first name, patronymic (if any) _____

_____ Military rank _____

Date of birth _____

Military unit _____

1) Under medical supervision from _____

2) Results of the previous MMC (if any) _____

(to specify date, place,

conclusion of MMC, implementation of MMC conclusion - in case of fit or unfit for limited military service)

3) Results of the previous AMA

(to specify the date, place, conclusion of AMA, condition on regular medical checkup, diagnosis,

follow-up to doctor's recommendation and effectiveness of medical and health care activities)

4) Appeals for medical care _____

(separately in each case to specify the date, place of treatment,

diagnosis, outcome of treatment and total number of days of work loss for the previous 3 years)

5) Complaints, medical history of disease, objective data _____

(to specify complaints, medical history of disease _____

objective data and other information characterizing the health status of the military personnel)

6) Assessment of the degree of influence of the health status of the military personnel on performance duties for military service _____

(to specify the extent of health status affecting to perform

duties of military service)

Chief of medical services _____

(military unit (institution), military rank, signature, first name, last name)

Seal

(official seal
of the military unit
(institution)

Note: The information shall be compiled by the head of the medical service (doctor, paramedic)

unit where there are no medical workers in the staff - at the place of registration on medical maintenance. Information shall be certified by the seal of the military unit (institution), where a document had been drawn up.

Annex 14
to the Rules for conducting
military medical examination
in the Armed Forces
of the Republic of Kazakhstan
Form

Corner stamp
of the military unit
(institutions)

**Certificate
on a mutilation (wound, a trauma, a contusion)**

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

20 ____ " ____ " _____

(to indicate the circumstances in which the injury occurred

(wound, trauma, contusion) and its type, character, localization)

The mutilation (wound, trauma, contusion) had been received:

1) in the performance of duties of military service;

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

Certificate shall be available for presentation _____

(name of the institution, organization to which the certificate shall be submitted)

Commander (chief) _____

(military rank, signature, first name, last name)

Seal

(official seal

of the military unit

(institution)

Annex 15
to the Rules for conducting
military medical examination
in the Armed Forces
of the Republic of Kazakhstan
Form

Corner stamp
of the military
medical
institution

**Card of sanitary and hygienic characteristics of
working conditions and workplace of the specialist**

1. Last name, first name, patronymic (if any) _____

2. Age (full years) _____

3. Military rank _____

4. Military unit _____

5. Military accounting specialty _____

6. Service in the military accounting specialty (including in this military unit) _____

(years, months)

7. Compliance with protection measures:

1) individual _____

(complied with, not complied with)

2) collective _____

(complied with, not complied with)

№	Workplace name	Work performed	Characteristics of main occupational hazards			Additional factors, name in units of measurement, duration of impact per shift, month, year	Note
			Name of occupational hazards	Value (concentration, level, unit of measurement)	Additional factors, name in units of measurement, duration of impact per work shift, month, year		

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

Commander (chief) _____

(military unit (institution) military rank, signature, first name, last name)

Chief of Medical Services _____

(military rank, signature, first name, last name)

Specialist doctor of the sanitary and epidemiological institution _____

(military rank, signature, first name, last name)

Explanation for filling in:

1. The card shall contain data that shall not be higher than "for official use."

2. The value of the factor shall be indicated on the basis of the data of the workplace survey report (facility) by doctors of sanitary and epidemiological institution, sanitary passport of the facility and a log of measurements of the levels (concentrations) of these factors.

In column 5 shall be recorded the minimum and maximum value of the factors.

In column 8 shall be indicated the emergency situation with the number and date of the investigation, and also other circumstances unaccounted for in the card.

Appendix 16 to the Rules for
conducting military medical examinations
in the Armed Forces of the Republic of
Kazakhstan
Form

Place for photograph
(Stamp of the department
(directorate) for defence affairs)

Medical examination card for a citizen in the reserve

Footnote. Appendix 16 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

1. Last name, first name, patronymic (if any) _____
2. Date of birth _____
3. Military rank _____
4. Military registration speciality _____
5. Research results:

Research	" ____ " _____ 20__	" ____ " _____ 20__
Complete blood count		
General urine analysis		
Microprecipitation reaction (microreaction) to syphilis		
ECG research		
Chest fluorography		
X-ray of the paranasal sinuses		
Intraocular pressure		
Blood sugar test		
Other information (research)		
Height/weight		
Medical specialists	" ____ " _____ 20__	" ____ " _____ 20__
Surgeon		
Therapist		
Neurologist		

Ophthalmologist		
Otorhinolaryngologist		
Dentist		
Conclusion of the Medical Commission	" ____ " ____ 20__	" ____ " ____ 20__
Diagnosis		
	<p>Based on Paragraph/subparagraph _____ columns _____</p> <p>Requirements for the health status of persons for service in the Armed Forces, other troops and military formations of the Republic of Kazakhstan, approved by order of the Minister of Defense of the Republic of Kazakhstan dated December 22, 2020 № 722 (registered in the State Register of Normative Legal Acts under № 21863)</p> <p>_____ (indicate the category of suitability for military service, service in a military registration speciality). Chairman of the Commission: _____ (signature, first name initial, last name)</p> <p>Secretary of the Commission: _____ (signature, first name initial, last name)</p>	<p>Based on Paragraph/subparagraph _____ columns _____</p> <p>Requirements for the health status of persons for service in the Armed Forces, other troops and military formations of the Republic of Kazakhstan, approved by order of the Minister of Defense of the Republic of Kazakhstan dated December 22, 2020 № 722 (registered in the State Register of Normative Legal Acts under № 21863)</p> <p>_____ (indicate the category of suitability for military service, service in a military registration speciality). Chairman of the Commission: _____ (signature, first name initial, last name)</p> <p>Secretary of the Commission: _____ (signature, first name initial, last name)</p>

Note: The "Diagnosis" section shall specify the codes of diseases or injuries according to the ICD in order of expert significance. The main disease (consequences of injury, contusion, trauma, injury) of the person being examined, which served as the basis for issuing an expert opinion on the suitability category for military service, shall be listed first. Then, other diseases (consequences of injury, contusion, trauma, injury) etiopathogenetically associated with the main disease shall be listed. Next, all concomitant diseases shall be listed that limit suitability for military service, service in a military registration speciality or with a harmful factor to a lesser extent and are not associated with the main disease. Finally, diagnoses shall be listed that do not provide grounds for applying the relevant points of the Requirements.

The items and subitems of the Requirements shall be indicated in the same order as the diagnoses of the established diseases. The item of the Requirements that provides for the

main disease shall be indicated first, then all other items depending on the severity, functional disorders.

The conclusion of the medical commission on the degree of suitability for military service (service in a military registration speciality) shall be issued in the wording provided in Appendix 17 of these Rules; it shall be prohibited to change or shorten these wordings.

Annex 17
to the Rules of conduct
of military medical expertise
in the Armed Forces
of the Republic of Kazakhstan
Form

Conclusions of medical commissions of local executive bodies and freelance (temporary, permanent) military medical commissions

Footnote. Annex 17 – in the wording of the order of the Minister of Defense of the Republic of Kazakhstan, dated 14.07.2022 № 522 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

Medical commissions of local executive bodies, freelance (temporary, permanent) military medical commissions make conclusions:

1. In relation to citizens, when registering for conscription sites, conscription for military service on conscription:

fit for military service;

fit for military service with minor restrictions;

need examination (treatment) with subsequent medical examination;

temporarily not fit for military service for _____ months (in the presence of acute or exacerbation of chronic disease, injury (after treatment));

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

not fit for military service with exception from military registration.

2. With regard to citizens entering military educational institutions implementing general education programs of general secondary education:

fit (not fit) for _____.
(school name)

3. In relation to citizens and military personnel entering military educational institutions, including foreign countries implementing programs of technical and professional, higher, postgraduate education, to military faculties at higher educational institutions:

fit (not fit) for _____.
(name of educational institution)

4. With regard to citizens who have expressed a desire to undergo military training in the training programs for reserve officers and reserve sergeants at the military department at higher educational institutions:

fit (not fit) for training under the training program for reserve officers (sergeants) at the military department;
fit (not fit) for military (training) training.

5. In relation to individuals entering military service under a contract:

fit for military service under contract;
fit for military service under contract,

(indicate the category of fitness for military service in the form (type) of troops or for military registration specialties);

need examination with subsequent medical examination;
not issued due to failure to appear for a medical examination (under-examination);
not fit for military service under the contract.

6. In relation to military personnel undergoing military service on conscription (except officers):

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 a medical center of a military unit);

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

provide sick leave for ____ days;

provide sick leave for _____ days with subsequent medical survey

;

(specify venue)

not fit for military service in peacetime, limited fit in wartime;
not fit for military service with exception from military registration.

7. With regard to military personnel undergoing military service under a contract, cadets (cadets) of military educational institutions and officers passing military conscription service:

fit for military service;

fit for military service with minor restrictions;

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

fit (not fit) for _____;

(indicate the name of the military educational institution, faculty)

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

—;
(indicate the name of the military educational institution, faculty)
subject to repeated medical examination through
_____ months (specify the term) (the conclusion is issued in wartime);
provide sick leave for ____ days;
provide sick leave for ____ days with subsequent medical examination

—;
(specify venue)
release from the duties of military service for _____ days;
partially exempt from military service duties for days

—;
(specify from which types of works, occupations, orders)
limited fitness for military service;
not fit for military service in peacetime, limited fit in wartime;
not fit for military service with exception from military registration;
not fit for military service with exception from military registration, subject
exemption from the duties of military service for the period required
for registration of dismissal, but not more than 30 days.
8. For cadets (cadets) under the age of eighteen:
fit (not fit) for training

—;
(name of military educational institution, faculty)
release from the duties of military service for ____ days;
partially exempt from the duties of military service
(indicate from what types of work, classes, orders) for _____ days.
9. In relation to military personnel, citizens undergoing military training,
examined to determine the suitability for underwater driving of tanks
and other machines:
fit for underwater driving of tanks and other vehicles;
temporarily not fit for underwater driving of tanks and other vehicles with repeated
medical examination after _____ months;
subject to examination with subsequent medical examination;
not fit for underwater driving of tanks and other vehicles,

(indicate fitness for military service)

10. In relation to the military personnel of the Airborne Assault Forces and special forces:
fit for service in the Airborne Assault Forces (special forces);
temporarily incapable of performing parachute jumps with repeated medical
inspection in _____ months;
subject to examination with subsequent medical examination;
not fit for service in the Airborne Assault Forces (special forces),

—
(specify the category of fitness for military service)

11. With respect to members of the Navy:
fit for service in the Navy;
temporarily not fit for service in the Navy, with repeated medical
inspection after _____ months (issued in respect of
military personnel undergoing military service under contract);
subject to examination with subsequent medical examination;
not fit for service in the Navy,

(specify the category of fitness for military service)

12. With respect to combat swimmers and diving personnel:
fit to serve as a combat swimmer at depths up to _____ meters;
fit for diving work;
fit to work as a diver at a depth of up to _____ meters;
fit to work as a deep-sea diver at a depth of up to _____ meters;
fit to work as an aquanaut at a depth of up to _____ meters;
not fit for service as a combat swimmer at a depth of up to _____ meters;
not fit to work as an aquanaut, fit to work as a deep-sea diver at a depth of up to meters;
not fit to work as a combat swimmer at a depth of up to meters
up to _____ meters;
not fit to work as a deep-sea diver, fit to work as a diver at a depth up to meters; not fit to
work as an aquanaut, fit to work as a deep-sea diver
up to _____ meters;
subject to inpatient (outpatient) examination with further
medical examination;
temporarily not fit for service as a combat swimmer (for diving work)
with re-examination in _____ months (specify the period);
not fit for service as a combat swimmer,

(indicate fitness for military service) not fit for diving work,

(indicate fitness for military service)

13. With regard to military personnel selected for service and serving with radioactive substances, ionizing radiation sources, components of rocket fuel, sources of electromagnetic fields and laser radiation:
fit for service with

—;

(specify harmful factor) temporarily not fit for service with

—;

(indicate harmful factor)

subject to medical examination in _____ months;
subject to examination with subsequent medical examination;
not fit for service with

—.

(indicate the harmful factor and the category of fitness for military service)

14. In relation to citizens called up for military training:

fit (not fit) for military training;

temporarily needs exemption from conscription for military training.

15. In relation to citizens examined for accounting purposes:

fit for military service;

fit for military service with minor restrictions;

limited fitness for military service;

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

not fit for military service with exception from military registration.

16. In relation to military personnel selected for training units and cadets of training units:

fit for training in the educational unit (in a certain military registration specialty);

subject to examination with subsequent medical examination;

not fit for training in the educational unit (in a certain military registration specialty)

—.

(specify the category of fitness for military service)

17. In relation to military personnel to continue treatment in another military medical institution or health care organization, if it related to relocation:

need to be transferred to _____ to continue treatment

—.

(indicate the name of the military medical institution or medical healthcare organizations and its deployment)

Annex 18
to the Rules for conducting
military medical examination
in the Armed Forces
of the Republic of Kazakhstan
Form

Expert conclusion of the of the permanent military medical commission

1. The issue under consideration _____

(to specify approval or control of the expert document)

2. Last name, first name, patronymic (if any) _____

3. Date of birth _____

4. Military rank _____

5. Military unit _____

6. Documents considered:

1) medical history _____

(to specify number, date, where from)

2) certificate of disease, certificate _____

(to specify number, date, where from)

3) other documents _____

(medical book, trauma certificate, etc.)

7. Comments on the subject under consideration:

1) on medical history management: _____

2) for medical and diagnostic measures: _____

3) by expert diagnosis: _____

4) on the execution of the expert document and (or) the conclusion of the MMC _____

8. Expert conclusion _____

9. Instructions:

1) _____

2) _____

3) _____

4) _____

An expert doctor _____

(military rank, signature, first name, last name)

20 ____ " ____ "

Head of department _____

(military rank, signature, first name, last name)

20 ____ " ____ "

Chairman of the commission (Vice-Chairman of the Commission)

(military rank, signature, first name, last name)

Annex 19
to the Rules for conducting
military medical examination
in the Armed Forces
of the Republic of Kazakhstan
Form

Corner stamp
of the military
medical
institution
(military-medical
commission)

Certificate to the decision of the court

(name of the court, № , date)

20 ____ " ____ " military-medical commission (medical-flight commission)

—

(name of MMC, EAMC)

Last name, first name, patronymic (if any) _____

2. Date of birth _____

3. Military rank _____ military unit _____

—

4. Position _____

5. Survey results (conclusions) _____

—

Minute № _____ from _____

Chairman of the commission _____

(military rank, signature, first name, last name)

Seal

Secretary of the Commission _____

(military rank, signature, first name, last name)

Postal address of the commission _____

Note: The certificate number shall correspond to the sequence number under which the examined person shall be recorded in the minutes of the meetings of the military medical commission.

Appendix 20 to the Rules for
Conducting Military Medical Examination
in the Armed Forces of the Republic of
Kazakhstan
Form

Conclusions of the Medical Flight Commission

Footnote. Appendix 20 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

Based on the results of the medical examination, the medical flight commissions issue the following conclusions in accordance with the Aviation Requirements:

1. Concerning candidates entering a military educational institution for the training of aviation personnel:

According to Column I, suitable (not suitable) for admission to a military educational institution for training aviation personnel in flight specialities.

2. Concerning cadets (students) of a military educational institution for the training of aviation personnel, studying in the specialities of flight operation of aircraft, and unmanned aerial vehicles:

1) before the start of flight practice:

according to column I, airworthy for flight training;

under column I, worthless for flight training, _____ (for cadets aged eighteen years and older, indicate the category of suitability for military service);

2) after the start of flight practice (depending on the flight speciality and type of aviation):

airworthy for flight training according to columns II - V;

airworthy for flight training according to columns IV - V;

according to column V, airworthy for flight training;

according to column VII, airworthy for flight training;

according to columns II - V, worthless for flight training, _____

(indicate suitability according to column VII), _____

(for cadets aged eighteen years and older, indicate the category of suitability for military service if not suitable according to column VII for flight training);

under column VII, worthless for flight training, _____

(for cadets aged eighteen years and older, indicate the category of suitability for military service);

3) upon completion of training at a military educational institution for the training of aviation personnel (upon graduation):

according to columns II - V airworthy for flight work without restrictions;

according to columns IV - V, airworthy for flight work on all types of transport aircraft and helicopters;

according to column V, airworthy for flight work on all types of helicopters;

according to column VII, airworthy for flight management;

according to column VII, suitable to operate an unmanned aerial vehicle;

according to columns II - V, worthless for flight work, _____ (indicate suitability according to column VII), _____ (indicate the category of suitability for military service in case of unsuitability according to column VII);

under column VII, worthless for flight management, _____ (indicate the category of suitability for military service);

under column VII, not suitable to operate an unmanned aerial vehicle, _____ (indicate the category of suitability for military service);

4) all cadets (regardless of flight speciality and type of aviation):

is subject to referral for inpatient medical examination (examination, treatment);

provide (extend) sick leave for ____ days with subsequent medical examination _____ (indicate the location);

release from all work and assignments with attendance of class lessons for _____ days

;

exempt from flights and performance of other military service duties for a period of _____ days, followed by a medical examination.

3. Concerning military personnel entering military academies with a flight training profile :

airworthy (worthless) for admission to _____ (indicate the name of the military academy and faculty).

For military personnel who are found not suitable for admission to military academies for flight training during the final selection due to health reasons, the Medical Flight Commission shall issue a conclusion on their air worthless for flight work.

4. Concerning pilots:

1) according to columns II - V airworthy for flight work without restrictions;

2) according to columns II - V, airworthy for flight work on the mastered types of aircraft;

3) according to columns II - V, airworthy for flight work, except for supersonic aircraft;

4) according to columns II - V, airworthy for flight work on training (combat training) aircraft with dual controls in the presence of a second pilot;

5) according to columns II - V, airworthy for flight work as a pilot-operator (pilot-navigator);

6) according to columns II - V, airworthy for flight work, except for performing aerobatic overloads of more than 7 units;

7) according to columns III - V, airworthy for flight work on all types of bombers;

8) according to columns III - V, airworthy for flight work on all types of bombers, except for supersonic bombers with one control;

9) according to columns IV - V, airworthy for flight work on all types of transport aircraft and helicopters;

10) according to columns IV - V, airworthy for flight work on all types of transport and piston aircraft;

11) according to columns IV - V, airworthy for flight work on _____ (indicate the type of aircraft);

12) according to column V, airworthy for flight work on all types of helicopters;

13) according to column V, airworthy for flight work on all types of helicopters in the presence of a second pilot;

14) according to column V, airworthy for flight work on all types of helicopters, except for ship-based helicopters;

15) according to column V, airworthy for flight work on the mastered types of helicopters ;

16) according to column V, airworthy for flight work on all types of helicopters, except for highly manoeuvrable helicopters;

17) in column V airworthy for flight work on _____ (specify the type of aircraft);

18) according to columns II - V, worthless for flight work, _____ (indicate suitability according to column VII), _____ (indicate the category of suitability for military service in case of unsuitability according to column VII);

19) according to columns III - V, worthless for flight work, _____ (indicate suitability according to column VII), _____ (indicate the category of suitability for military service in case of unsuitability according to column VII);

20) according to columns IV - V, worthless for flight work, _____ (indicate suitability according to column VII), _____ (indicate the category of suitability for military service in case of unsuitability according to column VII);

21) according to column V, worthless for flight work, _____ (indicate suitability according to column VII), _____ (indicate the category of suitability for military service in case of unsuitability according to column VII).

5. Regarding navigators:

1) according to columns II - V, airworthy for flight work as a navigator without restrictions;

2) according to columns II - V, airworthy for flight work as a navigator on the mastered types of aircraft;

3) according to columns II - V, airworthy for flight work as a navigator, except for supersonic aircraft;

4) according to columns III - V, airworthy for flight work as a navigator on all types of bombers;

5) according to columns III - V, airworthy for flight work as a navigator, except for supersonic aircraft;

6) according to columns IV - V, airworthy for flight work as a navigator on all types of transport aircraft and helicopters;

7) according to columns IV - V, airworthy for flight work as a navigator on all types of transport and piston aircraft;

8) according to columns IV - V, airworthy for flight work as a navigator on _____ (indicate the type of aircraft);

9) according to column V, airworthy for flight work as a navigator on all types of helicopters;

10) according to column V, airworthy for flight work as a navigator on all types of helicopters, except for ship-based helicopters;

11) according to column V, airworthy for flight work as a navigator on the mastered types of helicopters;

12) according to column V, airworthy for flight work as a navigator on _____ (indicate the type of aircraft);

13) according to columns II - V, worthless for flight work as a navigator, _____ (indicate suitability according to column VII), _____ (indicate the category of suitability for military service in case of unsuitability according to column VII);

14) according to columns III - V, worthless for flight work as a navigator, _____ (indicate suitability according to column VII), _____ (indicate the category of suitability for military service in case of unsuitability according to column VII);

15) according to columns IV - V, worthless for flight work as a navigator, _____ (indicate suitability according to column VII), _____ (indicate the category of suitability for military service in case of unsuitability according to column VII);

16) according to column V, worthless for flight work as a navigator, _____ (indicate suitability according to column VII), _____ (indicate the category of suitability for military service in case of unsuitability according to column VII).

6. Concerning other members of the flight crew (flight engineer, flight technician, flight radio operator and other flight specialists):

1) according to column VI, airworthy for flight work (as a flight engineer, flight technician, flight radio operator and other flight specialists) on all types of transport aircraft;

2) according to column VI, airworthy for flight work (as a flight engineer, flight technician, flight radio operator and other flight specialists) on all types of helicopters;

3) under column VI, worthless for flight work (flight engineer, flight technician, flight radio operator and other flight specialists), _____ (indicate the category of suitability for military service).

7. Concerning parachutists:

1) according to column VI, suitable for parachute jumps;

2) according to column VI, not suitable for parachute jumps, _____ (indicate the category of suitability for military service).

8. Concerning persons performing flight tasks on board an aircraft, glider pilots and aeronauts:

1) in column VI, airworthy for flight _____ (indicate as whom and type of aircraft);

2) under column VI, worthless for flight, _____ (indicate the category of suitability for military service).

9. Concerning persons exercising control and management of flights, air traffic control operators:

- 1) according to column VII, suitable to lead flights;
- 2) under column VII, worthless for flight management, _____ (indicate the category of suitability for military service).

10. Concerning persons operating an unmanned aerial vehicle:

- 1) according to column VII, suitable to operate an unmanned aerial vehicle;
- 2) under column VII, not suitable to operate an unmanned aerial vehicle, _____ (indicate the category of suitability for military service).

11. Concerning aviation personnel, regardless of speciality:

- 1) is subject to referral for inpatient medical examination (examination, treatment);
- 2) provide (extend) sick leave for _____ days with subsequent medical examination _____ (indicate the location);
- 3) release from flights (flight management, control of unmanned aerial vehicles, parachute jumps) with the performance of other military service duties for a period of _____ days, followed by a medical examination;
- 4) exempt from military service duties for a period of _____ days;
- 5) suitable for _____ (flight work, flight control, operating an unmanned aerial vehicle, parachute jumping) with subsequent medical examination after _____ months

Annex 21
to the Rules for conducting
military medical examination
in the Armed Forces
of the Republic of Kazakhstan
Form

Medical and flight commission certificate

(military rank, surname, first name, patronymic (if any), date of birth, military unit)
during the examination 20 ____ " ____ " by the medical and flight commission _____

(EAMC name)
For paragraph/subparagraph _____, columns _____ Requirements for
health condition of persons for service in state aviation of the Republic of Kazakhstan,
approved in accordance with Article 11, paragraph 1, subparagraph 11) of the Code of the
Republic

Kazakhstan dated July 7, 2020 "On health of people and healthcare system"
it shall be recognized

(to specify the degree of airworthiness)

Diagnosis _____

Seal

Chairman of the commission _____

(military rank, signature, first name, last name)

Secretary of the commission _____

(military rank, signature, first name, last name)

Filled by doctor of the military unit:

Time of the next holiday _____

In-depth examination _____

Baseline blood pressure, pulse _____

Annex 22
to the Rules for conducting
military medical examination
in the Armed Forces
of the Republic of Kazakhstan
Form

Minutes of the meeting of the permanent (temporary) military medical commission

№ 20 _____ " "

(by definition of a causal link of a mutilation (wounds, injuries, contusions), disease)

1. Considered _____

(to specify the number of the request, letter, application, date of the document from who it came from, on which issue)

2. Documents considered (list of all documents considered with indication of dates, numbers: identification, on performance of military service, archival, medical and other documents):

1) _____

2) _____

3) _____

3. Found that:

Last name _____

Name _____

Patronymic (if any) _____

Date of birth _____

Military rank _____

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

(to specify the day, month, year of entry into military service, by whom called up or selected, period of participation in combat operations, armed conflicts, army, in works on elimination of the consequences of the accident at the Chernobyl nuclear power plant, in radiation risk zones)

Military unit and period of military service _____

4. Date and cause of dismissal:

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

a) Diagnosis: _____

b) causal link _____

An expert doctor _____

(last name, initials, signature)

6. Conclusion of the full-time military medical commission: _____

a) Diagnosis: _____

b) causal relationship _____

7. Voting results of the members of the commission:

"FOR" - _____ "AGAINST" - _____

(The dissenting opinion of the members of the commission shall be attached to the minute)

Chairman of the commission _____

(military rank, signature, first name, last name)

Members of the commission _____

(military rank, signature, first name, last name)

Conclusion of permanent (temporary) MMC shall be sent

(to specify address, date, reference №)

The documents shall be filed in case № __ volume _____ page _____

Secretary of the commission _____

(signature, first name, last name)

Annex 23
to the Rules for conducting
military medical examination
in the Armed Forces
of the Republic of Kazakhstan
Form

Only issued once, use copies!

Corner stamp
of the military-medical
commissions

**Conclusion of CMMC Ministry of Defense of the Republic of Kazakhstan RK
on the causal link of disease, injury**

Disease, _____

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

_____ ,

(date of birth)

"

_____ ,
(disease diagnoses)

_____ " ,
_____ "

(causal link of disease)

Minute № _____ from _____ 20 ____ " ____ "

Chairman of the commission _____

_____ ,
(military rank, signature, first name, last name)

Seal

(official seal
of the institution)

Annex 24
to the Rules for conducting
military medical examination
in the Armed Forces
of the Republic of Kazakhstan

The list of mutilations (wounds, injuries, contusions) relating to heavy or minor

1. Mutilations (wounds, injuries, contusions), life-threatening or health, capable to cause moderate or considerable malfunction of the damaged body, systems shall belong to heavy:
 - open and closed fractures (penetrating wounds) of the arch bones and the base of the skull , regardless of the general condition of the victim;
 - fracture of the outer plate of the skull vault in the presence of cerebrospinal and focal neurological symptoms;
 - brain contusion;
 - epidural, subdural or subarachnoid intracranial hemorrhages of a traumatic nature;
 - open and closed fractures of the bones of the facial skeleton, with displacement of fragments, formation of bone defects;
 - fractures of the nasal bones, accompanied by massive bleeding and damage to the sinuses of the main bone;
 - complicated (oblique, double, with displacement of fragments) fracture of the lower jaw, fracture of the articular process (excluding fractures of the crowned process of the lower jaw, detachment, cortical layer of it, as well as damage to the crowns of individual teeth);
 - eye injuries, penetrating wounds and eyeball bruises accompanied by vision disorder;
 - lacrimal tract injuries resulting in incurable lacrimation;

wounds to large vessels and nerves of the neck, penetrating wounds to the pharynx, esophagus, trachea, closed fractures of the cartilage larynx, trachea;

hearing organ damage, resulting in hearing reduction to the perception of spoken speech by one ear at the auricle 2 meters and below, and (or) pronounced vestibular disorders;

closed and open injuries of the organs of the thoracic and abdominal cavities, retroperitoneal space, pelvis, accompanied by shock, internal bleeding, acute peritonitis, pneumo- or hemothorax, hematuria;

multiple (three or more) rib fractures; two-sided and/or double rib fractures; fractures of the sternum (except for a fracture of the swordstick), fractures of the ribs with damage to the pleura and lung, compression of the chest;

dislocations and fractures, dislocations of vertebrae, fractures of one or more vertebral bodies, fractures of arches and articular processes of vertebrae, two or more spinous or transverse processes of vertebrae;

penetrating chest wounds, including without damage to internal organs;

penetrating abdominal wounds with damage to abdominal organs;

injuries to the organs of the retroperitoneal space (kidneys, adrenal glands, pancreas, etc.), pelvic organs;

wounds and (or) injuries of the external genital organs: with rupture of the urethra, tunica albuginea, venous plexuses, cavernous bodies, testicle, damage to large perineal vessels;

pelvic bone fractures with impaired pelvic ring integrity, ruptures of the sacroiliac and pubic joints of the pelvis;

fracture of the sacrum with displacement of fragments;

fractures of the wings of the iliac bones, accompanied by shock and massive intra-tissue bleeding;

dislocations and fractures penetrating wounds in large joints of the limbs (with the exception of the usual shoulder dislocation);

closed injuries of large joints with ruptures of the ligament apparatus (ruptures of the cruciate and external lateral ligaments) with chronic joint instability of 2-3 degrees;

fractures of long bones (including intra-articular fractures of epiphyses): shoulder, thigh, tibial, both bones of the forearm, both clavicles; complicated fracture (open, oblique, with displacement of fragments by the width of the bone and more) of one of the bones of the forearm, collarbone, neck of the scapula, patella;

hand injuries and injuries resulting in the loss of: the first finger, the first and second fingers, three fingers of the same hand at the level of metacarpophalangeal joints (excluding the first), four fingers of the same hand at the level of the distal ends of the main phalanges, the first finger at the level of the interphalangeal joint and the second to fifth fingers at the level of the distal ends of the middle phalanges;

injuries and traumas to the foot with the loss of two or more fingers of one foot proximal to the level of metatarsal joints;

multiple fractures of the metacarpal and metatarsal bones: open and closed fractures of two or more bones;

fracture of the heel and/or ram bone;

multiple fractures: two or more bones of the preplusna, three or more bones of the metatarsal;

fractures of the ankles with displacement of the fragments and subluxation of the foot and (or) rupture of the intervertebral syndesmosis; fractures of two ankles and the posterior edge of the tibia ("3-ankle fracture");

crushing syndrome, damage to several different tissues, their forming (bone, muscle, tendon, blood vessels and nerves) of the hand, foot and their parts;

damage to the tendons of the deep and superficial flexors of the hand, the double-headed shoulder muscle, the Achilles tendon, the ligament of the knee and ankle joints (with the exception of isolated and partial damage to the tendons of the superficial flexors of the hand, the tendons of the extensors of the foot and hand, which do not threaten in subsequent disorder of finger function);

injuries of large main vessels and nerve trunks of the extremities accompanied by massive bleeding from the wound in its presence, significant impaired circulation of the distal part of the extremity, loss of function of damaged nerve trunks of the extremities (large main vessels of the upper extremity - subclavian, underwing, humerus and ulnar arteries, underwing and main veins. Large trunk vessels of the lower extremity - popliteal, femoral, posterior tibial (up to the level of the upper third of the tibia) of the artery; deep hip vein and subclavian vein. Large nerve trunks of the upper extremity - shoulder plexus, radial, ulnar and median nerves throughout. Large nerve trunks of the lower extremity - sciatic and tibial nerves throughout, fibular nerve to the level of the upper third of the tibia);

compression of soft limb tissues with crush syndrome;

long-term or positional compression syndromes with significant or moderate impairment of function;

soft tissue injuries and injuries requiring plastic replacement or resulting in anaemia, shock, embolism or traumatic toxicosis;

thermal and chemical I, II, IIIa degrees with an area of more than 20% of the body surface, IIIb degrees with an area of more than 10% of the body surface, IV degree burns regardless of the area of the lesion, radiation burns regardless of the degree and area of the lesion;

limited thermal and chemical burns (5-15 square centimeters) of IIIb degree burns localized in functionally active areas;

eyelid and eyeball burns 3-4 degrees;

thermal and chemical burns of the pharynx, esophagus, respiratory tract in clinically significant symptoms of swallowing and breathing disorder;

thermal and chemical burns of the eyeball in the presence of clinically significant signs of vision disorder;

degree III chilblain (with an area of more than 1 percent of the body surface), degree IV chilblain, regardless of size;

exposure to electric current, accompanied by impaired consciousness, respiratory disorder and cardiovascular activity (any early undiagnosed deviations in the function of the cardiovascular system, impaired, external breathing or consciousness at the time of exposure to electric current, as well as during the examination of the victim in the medical institution, regardless of their severity);

combined damage (combination of thermal, chemical, electrical, radiation, mechanical injuries);

scalped wounds of the skin and subject tissues of the face, trunk, limbs, perineum, accompanied by profuse bleeding, blood loss and shock;

poisoning and/or burns of internal organs by chemical compounds (concentrated acids, caustic alkalis, rocket fuel components, carbon monoxide, etc.) with moderate or significant disorder of function;

injuries sustained by medical personnel in the line of duty, resulting in HIV infection or viral hepatitis disease;

injuries (wounds, traumas, contusions) resulting in termination of pregnancy regardless of its term;

traumatic and/or mechanical asphyxia, consequences of asphyxia as a result of immersion in water or other liquid media.

2. Mutilations (wounds, injuries, contusions), the defiant insignificant anatomic and functional disorders demanding exemption from performance of duties of military service for the term of not less than 7 days shall belong to minor injuries:

closed craniocerebral injuries with concussion;

fractures of one spinous and (or) transverse processes, vertebral arches; ruptures of intercostal and supranatural ligaments; fracture of the sacrum without displacement of the fragments; coccyx fracture;

isolated pelvic bone fractures without compromising pelvic ring integrity;

closed fractures: clavicles without displacement of fragments, radial or ulnar bone (except for the awl-shaped process), large, small trochanter of the femur, fibula; perforated, marginal extra-articular fractures of long bones; fractures of 1-2 ribs; fractures of the cervical process of the sternum; uncomplicated (without displacement of fragments) fractures of the patella, scapula;

isolated wrist bone fractures (except for those mentioned in Section I), one, two metacarpal bones; finger phalanx fractures (except for marginal nail phalanx fracture); fractures of sesame-shaped bones;

isolated fractures of the bones of the preplusna;

fractures of one, two metatarsal bones, phalanx of the toes;
fracture of one or both ankles without displacement of the fragments and subluxation of the foot;
uncomplicated dislocations of the patella, collarbone, fingers of the hand, toes of the foot;
isolated tears of the lateral ligaments of the knee joint; ligament ruptures of the sternoclavicular or acromial-clavicular joints; ankle lateral ligament ruptures; ruptures of the ligaments of the joints of the fingers of the hand, toes of the foot with a subversion in the joint ;
closed injuries of large joints with hemarthrosis or synovitis without ligament ruptures;
closed knee injury with meniscus injury (except for knee injury in old meniscus injuries);
injuries and closed injuries (except for those specified in section I) of nerve trunks, roots of peripheral nerves, including palms and fingers, in case of minor dysfunction;
long-term or positional compression syndrome with minor impairment of function;
wounds, injuries of the external genital organs without rupture of the urethra, tunica albuginea, venous plexuses, cavernous bodies, testicle;
injuries (including gunshot) and (or) injuries of soft tissues with muscle and tendon rupture (except those specified in section I), not accompanied by wounding of large main vessels, nerve trunks of limbs and not requiring plastic surgical interventions;
non-penetrating wounds (contusions) of the eyeball with a temporary disorder of its visual and motor functions, wounds of the eyelids without violating the integrity of their free edge and lacrimal tract;
eyelid and eyeball burns of 1-2 degrees;
thermal burns of I, II, III a degree (chemical burns of I-II degree) with an area of damage of up to 20 percent of the body surface; III b grade burns (chemical burns of 3 degree) up to 10 percent of the body surface;
surface frostbite of 2 degrees of any localization of at least 1 percent of the body surface;
hearing organ injuries with hearing reduction to the perception of spoken speech on both ears up to 2 meters;
traumatic and (or) mechanical asphyxia, snake bites, poisonous insects with the development of minor dysfunction.

Note:

- 1) In case of combined (combined) injuries, the severity of the injury shall be determined by the most severe damage.
- 2) The state of the function shall be determined by the military medical commission upon completion of the main course of treatment.

Regulations on commissions of military medical examination in the Armed Forces of the Republic of Kazakhstan

Chapter 1. General provisions

1. This Regulation on commissions of military medical examination (hereinafter referred to as the Regulation) shall define the status and powers of military medical commissions.

2. Military medical (medical-flight) commissions shall conduct military medical expertise in the Armed Forces of the Republic of Kazakhstan (hereinafter referred to as the Armed Forces of the Republic of Kazakhstan), bodies of the military prosecutor's office, state aviation of the Republic of Kazakhstan.

Footnote. Paragraph 2 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 04.01.2023 № 3 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

Chapter 2. Commission of military medical examination

3. The commissions of military medical examination shall include: a permanent military medical commission, temporary (permanent regular and temporary regular) military medical commissions (hereinafter referred to as MMC) and medical and flight commissions (hereinafter referred to as EAMC), medical commissions of local executive authorities of the region, cities of republican significance, the capital, city and district (hereinafter referred to as medical commissions of LEA).

4. The structure of the commission of military medical examination shall include:

The authorized body of military medical examination - the Central military medical commission of the Ministry of Defense of the Republic of Kazakhstan (hereinafter referred to as the CMMC of MD of the RK);

subordinated within the authority (on issues of military medical examination):

1) permanent regular MMC (EAMC):

hospital MMC;

hospital EAMC;

garrison MMC;

EAMC of the laboratory of aviation medicine ADF of the AF of the RK;

MMC Airborne Assault Forces (AAF);

MMC Naval Forces (NF);

EAMC of military educational institutions;

2) temporary regular MMC (EAMC);

3) medical commissions of LEA.

5. Commissions of military medical examination shall be subordinate to the relevant heads (authorities) of military medical institutions (local public health administration bodies), with the exception of issues of military medical examination.

6. The command of a military medical institution or other central state bodies shall create conditions for employees of temporary (permanently and temporarily regular) MMC (EAMC) for their work (premises and equipment for conducting a medical examination, provision of legislative reference materials, medical literature, and technical means).

The work of the commissions shall be organized under daytime coverage and during the working day no more than 45 people shall be examined by the MMC, and the EAMC no more than 35 people.

7. Persons with higher military medical (medical) education, as well as those with experience in clinical and (or) expert work in military medical institutions (medical organizations) of central executive bodies and other central state bodies shall be appointed to the positions of expert specialists in military medical examination bodies.

8. The permanent MMC (EAMC) shall review and approve (shall not approve) expert documents (certificate of disease, certificates) collectively by a majority of votes of the commission members, in accordance with regulatory legal acts on military medical examination.

9. The conclusions of permanent and temporary regular MMC (EAMC) shall be valid, unless otherwise specified in these conclusions, for a year from the moment of medical examination in the Armed Forces of the Republic of Kazakhstan. A medical examination shall be carried out earlier than the prescribed period if changes have occurred in the state of health of the military personnel, giving grounds for revising the conclusion of the MMC or by decision of the permanent MMC. Repeated or regular conclusion of the MMC (EAMC) shall cancel the previous one (with the exception of the conclusion on temporary unfit for military service).

10. The MMC (EAMC) conclusion shall be mandatory for all officials and legal entities.

The conclusions of the MMC (EAMC), the medical commission of the LEA, which shall be appealed by citizens, shall be subject to a control review by the CMMC of the MD of the RK, after a control review, the conclusion shall be final and revised in court.

Chapter 3. Permanent military medical commission

11. In the organizational and legal form, “The Central Military Medical Commission of the Ministry of Defense of the Republic of Kazakhstan” shall be identified as a Republican state institution, which shall have the status of a center of military medical examination in the central executive authority in the field of defense.

The permanent MMC shall have a seal depicting the State Emblem of the Republic of Kazakhstan with its name, stamps and forms of the identified model.

12. The main tasks of the permanent MMC (EAMC) shall be:

1) management and control over the conduct of military medical examination in accordance with the Rules for conducting military medical examination and the requirements for compliance with the state of health of those examined for service in the AF of the RK and state aviation;

2) control over the completeness and quality of the examination, as well as the validity of the diagnosis and medical expert conclusions;

3) interaction with state institutions and other organizations carrying out activities in the field of health care, social protection of the population and pension provision on issues of military medical examination;

4) participation in the preparation of draft regulatory legal acts on issues of military medical examination.

13. Standard MMC (MFC) shall:

1) consider and approve (does not approve) or cancels the conclusions of the commissions of military medical (medical-flight) examination, subordinates within the powers;

2) revise the conclusions of the commissions in the order of control of their own and subordinates within their powers, when appealed by the command or individuals who took a medical examination;

3) accept the conclusions of the MMC on the causal relationship of injuries (wounds, injuries, concussions), diseases, death (death) of citizens in connection with the passage (performance of duties) of military service, military gatherings;

4) revise the conclusions of its own and commissions of military medical examination, subordinates within the powers of causation of injuries (wounds, injuries, concussions), diseases, death (death) of citizens in connection with the passage (performance of duties) of military service, military gatherings;

5) analyze the state of military medical (medical-flight) examination and expert activities of the commissions of military medical (medical-flight) examination, subordinates within the powers;

6) according to the results of military medical examination, as well as on-site examination, reveal shortcomings in the organization and conduct of medical examination in military medical (medical) institutions (organizations);

7) study in the medical commissions of the LEB the organization, condition and results of medical examination of citizens when registering for conscription and conscription, when entering military service under a contract, in military educational institutions, liable for military service;

8) give explanations on the practical application of this Regulation, regulatory legal acts on military medical expertise to freelance (permanent and temporary) MMC (MFC) and medical commissions of LEB;

9) develop methodological guidelines for the organization and conduct of military medical expertise in the Armed Forces of the Republic of Kazakhstan;

10) determine the expediency of sending military personnel and military personnel to military medical (medical) institutions for inpatient or outpatient examination and medical examination;

11) request documents from subordinates within the powers of commissions of military medical expertise, military medical (medical) institutions (organizations) and other subdivisions of central executive bodies, other central state bodies, military units and institutions to determine the expert opinion;

12) prescribe a control (offline) examination and (or) repeated medical examination in case of detection of violations of the examination procedure that influenced the conclusion of the MMC (MFC), as well as to check the validity of the conclusion of the military medical examination commissions subordinate within the authority;

13) conduct a medical examination of the leadership of the Air Defense Forces of the Armed Forces of the Republic of Kazakhstan, consisting of flight personnel;

14) advise, issue conclusions, certificates on issues of military medical examination;

15) participate in regulatory activities on issues of military medical expertise;

16) attract, with the consent of the head of the structural subdivisions, specialists of the military medical service for the preparation of draft regulatory legal acts and other documents, as well as for the development and implementation of measures for military medical examination, carried out in accordance with the assigned functions and tasks;

17) participate in methodological, practical, postgraduate training of medical personnel in military medical examination;

18) expert of commissions shall represent state institutions in court and other state bodies when considering issues on military medical examination;

19) participate in the development of reporting forms for military medical (medical-flight) examination;

20) perform other functions stipulated by the legislation of the Republic of Kazakhstan.

Footnote. Paragraph 13 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 14.07.2022 № 522 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

13-1. The regular MMC, every month within ten working days after the end of each month, sends to the structural divisions of the Ministry of Defense of the Republic of Kazakhstan (the Main Military Medical Directorate of the Armed Forces of the Republic of Kazakhstan, the Personnel Department of the Ministry of Defense of the Republic of Kazakhstan, the personnel agencies of the branches and arms of the armed forces, regional commands) a list of military personnel recognized as not suitable (including partially suitable) for military service.

Footnote. Chapter 3 has been supplemented with paragraph 13-1 in accordance with the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (

shall come into effect upon expiry of ten calendar days after the day of its first official publication.).

Chapter 4. Temporary military medical commissions

14. Temporary (temporarily) regular MMC (EAMC) shall be created in garrisons, military medical institutions, military educational institutions of the Ministry of Defense of the Republic of Kazakhstan (hereinafter referred to as the MD of the RK) for medical examination:

- military personnel;
- citizens entering military educational institutions;
- candidates for military service under the contract;
- officers in reserve called up (determined) for military service by conscription;
- aviation personnel of state aviation;
- arriving at military units of replenishment;
- military reserves.

15. Freelance permanent MMC shall be appointed annually by the order of the relevant head (commander) of the institution consisting of: surgeon, therapist, neuropathologist, ophthalmologist, otorhinolaryngologist, dentist. If necessary, doctors of other specialties are involved in the commission. The head of the medical unit (service) of the military medical (medical) institution (organization) shall be appointed as the chairman of the MMC, the secretary of the commission shall be from among the nurses.

Footnote. Paragraph 15 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 14.07.2022 № 522 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

16. Temporary regular (temporarily) MMC (EAMC) for military medical examination shall be guided by the methodological recommendations and instructions of the permanent MMC (EAMC).

17. Temporary regular MMC shall be appointed as part of the following as defined in paragraph 15 of this Regulation:

- for the final medical examination of candidates entering military educational institutions, including foreign states, implementing technical and professional, higher education programs, by order of the head of the Main Military Medical Directorate of the AF of the RK;

- for medical examination of candidates entering military educational institutions implementing general education programs of general secondary education, by order of the head of the Main Military Medical Directorate of the AF of the Republic of Kazakhstan or the head of this institution;

- for medical examination of combat swimmers (divers), military personnel involved in underwater driving of tanks and other vehicles in contact with radioactive substances, ionizing sources of radiation, components of rocket fuels, sources of electromagnetic fields,

as well as military personnel called up for urgent military service in training units by order of the head of the garrison, commander of the branches of the troops equal and higher.

18. The heads of military medical institutions annually shall represent the following in the CMMC of the MD of the Republic of Kazakhstan:

1) until December 10 - the staff of a temporary (hospital, garrison) military medical commission for approval;

2) until January 20 of the current year - an extract from the order on the appointment of a temporary (hospital, garrison) military medical commission with samples of signatures of the chairman, deputy chairman and members of the commission.

On changes in the staff of the temporary (hospital, garrison) MMC, the chairman of the CMMC of the MD of the Republic of Kazakhstan shall be informed and an updated list with a sample of signatures and abstract from the corresponding order shall be presented.

Chapter 5. Hospital military medical commission

19. A hospital MMC shall be created in a military hospital (infirmery) by order of the head of the military hospital (infirmery), consisting of a chairman, members of the commission (at least two medical specialists) and a secretary. The head of the medical unit (head of department) of the hospital (infirmery) shall be appointed as chairman of the hospital MMC.

Footnote. Paragraph 19 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

20. In the main military clinical hospital of the MD of the Republic of Kazakhstan and the military clinical hospital of the MD of the RK hospital MMCs shall be created according to clinical profiles. The chairmen of these commissions shall be appointed leading specialists (heads of branches) of the corresponding profile.

The hospital MMC shall be entrusted with:

1) medical examination of military personnel;

2) medical examination of military personnel in cases stipulated by these Rules;

3) control regarding the military-medical examination, the organization, conduct and results of medical-diagnostic work in the military-medical institution;

4) submitting reports to the head of the military hospital (health centers) and the head of the CMMC of the MD of the Republic of Kazakhstan on the identified shortcomings in the examination and treatment of persons in the hospital (health centers);

5) providing methodological and practical assistance to doctors (including military personnel) in military medical expertise;

6) analysis and synthesis of the results of the work of the hospital MMC and submission of reports on the results of the work carried out in the CMMC of the MD of the Republic of Kazakhstan;

- 7) participation in the training of doctors of a military hospital (health centers), serviced military units, military educational institutions for military medical examination;
- 8) preparation of expert documentation (certificates of disease, certificates).

Chapter 6. Garrison military medical commission

21. Garrison MMC shall be created by the order of the head of the garrison as part of Paragraph 15 of these Regulations. The head of the military polyclinic or the head of the medical unit (service) of the military medical (medical) institution (organization) shall be appointed the chairman of the garrison MMC, the secretary of the commission shall be from among the nurses.

Footnote. Paragraph 21 - in the wording of the order of the Minister of Defense of the Republic of Kazakhstan dated 14.07.2022 № 522 (shall enter into force upon expiry of ten calendar days after the day of its first official publication)..

22. The garrison MMC shall be entrusted with:

1) medical examination:

garrison military personnel;

replenishment, arriving in the military units of the garrison;

candidates entering military training institutions;

candidates for military service under the contract;

military personnel on sick leave;

medical examination of military personnel in cases provided for in these Rules;

2) control during the organization and conduct of military medical examination of the state of medical and preventive work in military medical institutions, in military units, military educational institutions deployed in the garrison;

3) analysis and synthesis of the results of the garrison MMC with the submission of reports on the results of the work;

4) participation in the training of specialist doctors of the garrison on military-medical examination;

5) preparation of expert documentation (certificates of disease, certificates).

Chapter 7. Medical and flight commissions

23. An integral part of the MME shall be a medical-flight examination (hereinafter - MFE), which shall be organized and conducted by permanent (temporary) regular (temporarily) EAMCs and shall solve the tasks of the MME of state aviation of the Republic of Kazakhstan.

24. The EAMC created under the CMMC of the MD of the Republic of Kazakhstan shall carry out its activities in accordance with paragraphs 12, 13 of this Regulation.

25. temporary regular medical and flight commissions shall be created by order of the:

commander-in-chief of the AF of the Republic of Kazakhstan at the laboratory of aviation medicine;

head of the military hospital at the military hospital with the department of medical examination of flight personnel;

head of the military educational institution at the military educational institution for the training of aviation personnel.

26. Doctors with experience in the field of aviation medicine and (or) trained in medical-flight (military-medical) expertise shall be appointed to the EAMC: surgeon, therapist, neuropathologist, oculist, otorhinolaryngologist, dentist. If necessary, doctors of other specialties are involved in the commission.

If necessary, the head of the medical service (doctor) and (or) a representative of the command of the aviation unit is involved in the meeting of the EAMC.

27. The following duties shall be assigned to the non-staff (permanent and temporary) MFC:

1) organization and implementation of medical flight examination in the state aviation of the Republic of Kazakhstan, military educational institutions for the training of aviation personnel;

2) medical examination:

citizens entering military educational institutions for training aviation personnel in flight specialities;

cadets (students) of military educational institutions for the training of aviation personnel, studying in the specialities of flight operation of aircraft, and unmanned aerial vehicles;

pilots and navigators of state aviation;

other flight crew members;

persons participating in the performance of flight missions on board an aircraft, glider pilots, aeronauts;

parachutists;

persons exercising leadership and control over flights;

air traffic control operators;

unmanned aerial vehicle operators (remote pilots);

3) control in terms of medical flight examination, over the organization and state of preventive, therapeutic and diagnostic work, medical examination in aviation military units, and military educational institutions for the training of aviation personnel;

4) study of flight work factors and their impact on the health of state aviation personnel;

5) medical examination of pilots, navigators and other members of flight crews in the reserve, called up for military training;

6) analysis and generalization of the results of medical examination of aviation personnel and submission of reports on the results of the work of the MFC to the head (chairman) of the regular MFC;

7) checking the quality of the implementation of medical and health measures during the inter-commission period, carried out on aviation personnel for medical and flight examination ;

8) providing methodological and practical assistance to doctors of aviation military units and military medical institutions on issues of medical flight examination;

9) determination of the psychophysiological qualities of the personality of citizens of the Republic of Kazakhstan entering service in state aviation and aviation personnel.

Footnote. Paragraph 27 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

28. Temporary regular EAMC shall be created to conduct an on-site medical and flight examination of aviation personnel in aviation units, military educational institutions in accordance with paragraphs 25, 26 of this Regulation.

29. The following shall be assigned to the non-staff (permanent and temporary) MFC: determining the category of suitability for admission to military educational institutions for the training of aviation personnel in flight specialities, flight training, flight work, flights, flight management, control of unmanned aerial vehicles, parachute jumps, as well as identifying individuals who need referral for inpatient medical examination (examination, treatment).

The chairman of the non-staff (permanent and temporary) MFC shall send the results of the medical examination to the full-time MFC no later than one month after the completion of the medical examination.

Footnote. Paragraph 29 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

30. During the medical examination of aviation personnel, the MFC shall be granted the right to change the previously established diagnosis of a disease in the event of recovery or the disappearance of functional changes in the health of the person being examined.

Non-staff (permanent and temporary) MFCs in outpatient settings independently shall issue conclusions on illnesses that do not limit air worthiness for flight work, flights, flight management, control of unmanned aerial vehicles, parachute jumps, and flight training.

Footnote. Paragraph 30 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

31. Methodological guidance of non-staff (permanent and temporary) MFC (MMC), provision of practical assistance to them and control over their work shall be carried out by the Central MMC of the Ministry of Defense of the Republic of Kazakhstan.

Footnote. Paragraph 31 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

Chapter 8. Naval military medical commission

32. The MMC of the NF shall be created by order of the commander-in-chief of the NF as part of a certain paragraph 15 of this Regulation and shall carry out methodological management of military medical examination in the NF.

33. The chairman of the MMC of the NF for military medical expertise shall report to the head of the CMMC MD of the Republic of Kazakhstan.

34. The MMC of the NF shall be entrusted with:

1) organization, conduct of medical examination in order to determine the suitability for military service in the NF of citizens called up for military service (military training) and (or) arriving (sent) for service in the NF from other branches of the army, military educational institutions, military personnel serving in the NF, military personnel selected for training in military accounting specialties of the NF;

2) control in terms of military medical expertise, the organization, conduct and results of medical and diagnostic work in military medical institutions, military units and military educational institutions;

3) analysis of the results of the medical examination of military personnel serving in the NF, and a report on the results of the medical examination to the command of the NF and the chairman of the NF of the MD of the Republic of Kazakhstan.

35. MMC NF shall:

1) issue conclusions on fitness or unfitness for service in the NF;

2) review its own conclusions or conclusions of other MMC (except for conclusions approved by the CMMC of the Ministry of Defense of the Republic of Kazakhstan) on the fit (unfit) for service in the Naval Forces based on the results of a repeated medical examination;

3) provide methodological guidelines and recommendations on the issues of medical examination of military personnel serving in the NF;

4) verify the organization and procedure of medical examination of military personnel in military units of the Naval Forces;

5) request documents from military units, local military administration bodies (hereinafter referred to as LMAB), healthcare organizations to resolve issues of military medical expertise

Chapter 9. Military medical commission of the Airborne Assault Forces

36. MMC AAF shall be created by the order of the AAF commander as part of certain paragraph 15 of this Regulation and shall carry out methodological management of military medical examination in AAF.

37. Chairman of the MMC AAF on issues of military medical expertise shall report to the head of the CMMC of the Ministry of Defense of the Republic of Kazakhstan.

38. MMC AAF shall be entrusted with:

1) organizing, conducting a medical examination to determine the fitness for military service in the AAF of citizens called up for military service (military training) and (or) arriving (sent) for service in the AAF from other types and branches of the army, military educational institutions, military personnel serving in the AAF, military personnel selected for training in military accounting specialties of the AAF;

2) control regarding military-medical expertise, organization, performance and results of medical-diagnostic work in military medical institutions, military units;

3) analysis of the results of the medical examination of military personnel serving in the AAF, and submission of reports on the results of the medical examination to the AAF command and the chairman of the CMMC of the Ministry of Defense of the Republic of Kazakhstan.

39. MMC AAF shall:

1) issue conclusions on the fitness or unfitness for service in the AAF;

2) review its own conclusions or conclusions of other MMC (except for conclusions issued by the CMMC of the Ministry of Defense of the Republic of Kazakhstan) on the fitness (unfitness) for service in the AAF based on the results of a repeated medical examination;

3) issue methodological guidelines and recommendations on the issues of medical examination of military personnel serving in the AAF;

4) verify the organization and procedure of medical examination of military personnel in military units of the AAF;

5) request documents from military units, LMAB, health organizations to resolve issues of military medical expertise.

Chapter 10. Medical commissions of the local executive authority of the region, cities of republican significance, capital, city and district

40. The work of medical commissions of the LEA shall be organized in accordance with Article 12, paragraph 2, subparagraph 30), Article 13, subparagraph 17, of the Code, and Article 29, paragraph 1, of the Law of the Republic of Kazakhstan dated February 16, 2012 “On military service and the status of military personnel”.

41. Medical commissions from health organizations shall include specialist doctors with training in MME: surgeon, therapist, neuropathologist, psychiatrist, oculist, otorhinolaryngologist, dermatovenerologist, dentist.

If necessary, doctors of other specialties, as well as medium-grade medical personnel, are involved in the composition of medical commissions.

42. Control over the organization and quality of the work of the LEA medical commission shall be entrusted to the head of the medical service (doctor) of the regional defense department (cities of republican significance and the capital).

43. Medical commissions of the LEB of the city, district shall:

1) verify the equipment of the offices of specialist doctors with a list of instruments, medical and household property for medical examination at recruiting (assembly) points in accordance with Annex 1 to this Regulation;

2) determine the medical organizations to which citizens who need outpatient (inpatient) examination (treatment) shall be sent;

3) determine medical organizations in which the examination (treatment) of citizens recognized by the assigned (draft) commission as temporarily not fit for military service will be carried out;

4) provide access for specialist doctors to information on the state of dispensary registration, seeking medical care for citizens subject to conscription for urgent military service (registration for conscription sites), including the medical information system;

5) control the completeness and reliability of entering into the medical information system the results of a medical examination of citizens when conscripted for military service (registration with conscription sites);

6) make a conclusion on the category of fitness of citizens for military service and establish an indicator of purpose by types and types of troops in accordance with the Requirements;

7) give explanations to citizens on the issues of medical examination when registering for conscription sites, conscription for military service;

8) draw up lists of citizens recognized as fit for military service with minor restrictions, temporarily not fit for military service, in need of oral sanitation, vision correction;

9) daily summarize, analyze the results of medical examination of citizens;

10) report to the chairman of the commission on conscription for military service (registration for conscription sites) on the shortcomings of the medical examination of citizens;

11) take part in resolving complaints and applications related to the medical examination of citizens.

Footnote. Chapter 10 as added by paragraph 43 in accordance with the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

44. Medical commissions of the LEB of the region, cities of republican significance, the capital:

1) organize interaction with local public health authorities, health organizations, other organizations on medical support for the preparation of citizens for military service;

2) check the equipment of the offices of specialists of the collection point with tools, medical and household property;

3) instruct specialist doctors on the organization and conduct of medical examination of citizens, explain regulatory legal acts on issues of military medical examination;

4) carry out methodological management of the work of subordinate medical commissions, monitor their work and provide them with practical assistance on issues of military medical examination;

5) study the validity of granting citizens deferrals and exemption from conscription for health reasons;

6) check the quality of execution, the validity of the conclusions made by specialist doctors of subordinate medical commissions and their compliance with the Requirements;

7) conduct a control medical examination at the regional (city of republican significance or capital) assembly point to citizens called up by the district (city, city of regional significance) draft commission for military service, immediately before being sent to the Armed Forces, other troops and military formations of the Republic of Kazakhstan;

8) conduct a repeated medical examination of citizens recognized by district (city, city of regional significance) draft commissions as not fit for military service and temporarily not fit for military service, as well as citizens who have declared their disagreement with the conclusions on the category of their suitability for military service based on the results of a medical examination;

9) request documents confirming a change in health status from citizens who have declared their disagreement with the definition of the category of fitness (not fitness) for military service;

10) consider (revise), approve (cancel) the conclusions of subordinate medical commissions;

11) revise their own conclusions after coordination with the regular MMC;

12) keep records, study and analysis of the reasons for the return of conscripts from the Armed Forces, other troops and military units of the Republic of Kazakhstan;

13) summarize the results of medical examination and examination (treatment) of citizens;

14) based on the results of the draft (registered) campaign, proposals on improving the work of medical commissions shall be presented to the head of the local executive body (akim) of the region (city of republican significance or capital), the head of the local public health administration body.

Footnote. Chapter 10 as added by the paragraph 44 in accordance with the order of the Minister of Defense of the Republic of Kazakhstan dated 29.11.2022 № 1143 (shall enter into force upon expiry of ten calendar days after the day of its first official publication).

List of instruments, medical and household property for medical examination at recruitment (assembly) points

Footnote. Appendix 1 - as amended by the order of the Minister of Defense of the Republic of Kazakhstan dated 18.07.2024 № 744 (shall come into effect upon expiry of ten calendar days after the day of its first official publication).

№	Medical instruments, objects and devices	Quantity	Unit of measurement
Anthropometrics cabinet			
1.	Medical scales	1	pieces
2.	Hand dynamometer (flat spring)	2	pieces
3.	Measuring tape with divisions into centimeters	1	pieces
4.	Anatomical tweezers	2	pieces
5.	Height meter	1	pieces
6.	Spirometer	1	pieces
7.	Magnifying glass (loupe)	1	pieces
8.	Tonometer with stethoscope	1	set
9.	Stationary bactericidal irradiator or recirculator	1	pieces
10.	Drug tests (only at the regional assembly point according to the number of people sent to the troops, taking into account the reserve)	-	-
Consumables (for 50 examined persons during the day): 70% ethyl alcohol aqueous solution – 100 milliliters, medical gloves – 50 pairs, 100 grams of cotton wool, disinfectant solution for processing instruments, container for processing instruments – 2 pieces, syringe (disposable) 5.0 milliliters – 50 pieces, medical gown (or suit) – 2 pieces, ammonia – 5 milliliters, room thermometer – 1 piece			
Therapist's office			
11.	Tonometer with stethoscope	2	set
12.	Medical thermometer	3	pieces
13.	Straight double-sided tongue spatula	5	pieces
14.	Kidney-shaped enamelled basin	1	pieces
15.	Medical couch	1	pieces
16.	Table lamp	1	pieces
17.	Stationary bactericidal irradiator or recirculator	1	pieces
18.	Pulse oximeter	1	pieces

19.	Multichannel electrocardiograph with thermal paper tape for cardiograph (only at the regional control commission)	1	set
20.	Computer (monitor, system unit, keyboard, computer mouse, uninterruptible power supply)	1	set
21.	Printer	1	pieces
Consumables (for 50 people examined during the day): 70% ethyl alcohol aqueous solution – 100 milliliters, medical gloves – 50 pairs, 100 grams of cotton wool, disinfectant solution for processing instruments, container for processing instruments – 2 pieces, medical gown (or suit) – 2 pieces, ammonia – 5 milliliters.			
Surgeon's office			
22.	Stethoscope	1	pieces
23.	Goniometer	1	pieces
24.	Negatoscope	1	pieces
25.	Measuring tape with divisions into centimeters	1	pieces
26.	Medical couch	1	pieces
27.	Stationary bactericidal irradiator or recirculator	1	pieces
28.	Computer (monitor, system unit, keyboard, computer mouse, uninterruptible power supply)	1	set
29.	Printer	1	pieces
Consumables (for 50 examined persons during the day): 70% ethyl alcohol aqueous solution – 100 milliliters, medical gloves – 50 pairs, 100 grams of cotton wool, disinfectant solution for processing instruments, container for processing instruments – 2 pieces, medical gown (or suit) – 2 pieces			
Neurologist's office			
30.	Neurological malleus	1	pieces
31.	Straight double-sided tongue spatula	5	pieces
32.	Measuring tape with divisions into centimeters	1	pieces
33.	Coxa kidney-shaped	1	pieces
34.	Medical flashlight (for ophthalmoscopy)	1	pieces
35.	Tonometer with stethoscope	1	set
36.	Medical couch	1	pieces
37.	Stationary bactericidal irradiator or recirculator	1	pieces
	Computer (monitor, system unit, keyboard, computer		

38.	mouse, uninterruptible power supply)	1	set
39.	Printer	1	pieces
Consumables (for 50 examined persons during the day): aqueous solution of 70% ethyl alcohol – 100 milliliters, medical gloves – 50 pairs, disinfectant solution for processing instruments, container for processing instruments – 2 pieces, medical gown (or suit) – 2 pieces			
Psychiatrist's office			
40.	Neurological malleus	1	pieces
41.	Medical flashlight (for ophthalmoscopy)	1	pieces
42.	Stationary bactericidal irradiator or recirculator	1	pieces
43.	Computer (monitor, system unit, keyboard, computer mouse, uninterruptible power supply)	1	set
44.	Printer	1	pieces
Consumables (for 50 examined persons during the day): aqueous solution of 70% ethyl alcohol – 100 milliliters, medical gloves – 50 pairs, medical gown (or suit) – 2 pieces			
Otorhinolaryngologist's office			
45.	Barani's chair (only at the regional medical commission)	1	pieces
46.	Otoscope	1	pieces
47.	Ear funnels № 1, 2, 3, 4	3	set
48.	Pneumatic ear funnel	1	pieces
49.	Ear muffler for hearing testing in determining single-sided deafness	1	pieces
50.	Laryngeal mirror	2	pieces
51.	Nasal mirror	15	pieces
52.	Voyachek pointed ear probe	1	pieces
53.	Button probe	2	pieces
54.	Ear probe with a notch for cotton wool	1	pieces
55.	Simple ear manometer (otomanometer)	1	pieces
56.	Ear tweezers curved along the edge	1	pieces
57.	Head reflector	1	pieces
58.	Kidney-shaped enameled basins	2	pieces
59.	Medical thermometer	1	pieces
60.	Dry heat cabinet or sterilizer	1	pieces

61.	Straight double-sided tongue spatula	15	pieces
62.	Alcohol lamp	1	pieces
63.	Table lamp	1	pieces
64.	Medical narrow beam headlamp complete with 3S LED	1	set
65.	Storage chamber for sterile products included	1	set
66.	Stationary bactericidal irradiator or recirculator	1	pieces
67.	Computer (monitor, system unit, keyboard, computer mouse, uninterruptible power supply)	1	set
68.	Printer	1	pieces
Consumables (for 50 examined persons during the day): 70% ethyl alcohol aqueous solution – 100 milliliters, medical gloves – 50 pairs, 100 grams of cotton wool, disinfectant solution for processing instruments, container for processing instruments – 2 pieces, medical gown (or suit) – 2 pieces			
Ophthalmologist's office			
69.	Large eyelid lifter	2	pieces
70.	Skiascopic ruler	2	pieces
71.	Measuring ruler for selecting glasses	1	pieces
72.	Binocular visor magnifier	1	pieces
73.	Polyak's optotypes	1	pieces
74.	Indirect ophthalmoscope	1	pieces
75.	Direct ophthalmoscope	1	pieces
76.	Spectacle lenses	1	set
77.	Sign projector	1	set
78.	Lighting Golovin-Sivtsev's apparatus for tables	1	pieces
79.	Ophthalmological lamp	1	pieces
80.	Golovin-Sivtsev's tables for determining visual acuity	1	set
81.	Threshold tables for color vision testing	1	set
82.	Control tables and Polyak's signs for the study of low vision simulation	1	set
83.	Kidney-shaped enamelled basins	2	pieces
84.	Contact tonometer for intraocular pressure	1	pieces

85.	Syringe with two blunt-tipped cannulas for washing the lacrimal ducts	2	pieces
86.	Table lamp	1	pieces
87.	Medical flashlight (for ophthalmoscopy)	1	pieces
88.	Stationary bactericidal irradiator or recirculator	1	pieces
89.	Four-point color test with polaroid glasses to determine binocular vision	1	set
90.	Computer (monitor, system unit, keyboard, computer mouse, uninterruptible power supply)	1	set
91.	Printer	1	pieces
Consumables (for 50 examined persons during the day): 70% ethyl alcohol aqueous solution – 100 milliliters, medical gloves – 50 pairs, 100 grams of cotton wool, disinfectant solution for processing instruments, container for processing instruments – 2 pieces, medical gown (or suit) – 2 pieces, medications used for diagnosing visual acuity (mydriatic)			
Dentist's office			
92.	Dental mirror	25	pieces
93.	Bayonet dental probe	3	pieces
94.	Dental probe curved at an angle	25	pieces
95.	General purpose anatomical tweezers	2	pieces
96.	Dental tweezers curved non-standard	10	pieces
97.	Lighting fixture	1	pieces
98.	Ultrasonic instrument cleaning device	1	pieces
99.	Storage chamber for sterile products included	1	set
100.	Stationary bactericidal irradiator or recirculator	1	pieces
101.	Computer (monitor, system unit, keyboard, computer mouse, uninterruptible power supply)	1	set
102.	Printer	1	pieces
Consumables (for 50 examined persons during the day): 70% ethyl alcohol aqueous solution – 100 milliliters, medical gloves – 50 pairs, 100 grams of cotton wool, disinfectant solution for processing instruments, container for processing instruments – 2 pieces, medical gown (or suit) – 2 pieces			
Dermatologist's office			
103.	Magnifying glass	1	pieces
104.	Dermatoscope	1	pieces

105.	Medical couch	1	pieces
106.	Medical screen	1	pieces
107.	Stationary bactericidal irradiator or recirculator	1	pieces
108.	Computer (monitor, system unit, keyboard, computer mouse, uninterruptible power supply)	1	set
109.	Printer	1	pieces
Consumables (for 50 examined persons during the day): 70% ethyl alcohol aqueous solution – 100 milliliters, medical gloves – 50 pairs; 100 grams of cotton wool; disinfectant solution for processing instruments, container for processing instruments – 2 pieces, medical gown (or suit) – 2 pieces			
Additional diagnostic equipment for medical commissions of cities of republican significance and the capital, regions			
110.	Autorefractometer	1	pieces
111.	Slit lamp	1	pieces
112.	Fluorescent lamp for diagnostics of fungal diseases	1	pieces
113.	Endoscopic visual system of the ear, throat and nose cavity (workplace of an otolaryngologist)	1	set

Annex 3
to order of the Minister of Defense
of the Republic of Kazakhstan
dated December 21, 2020 № 716

List of recognized as invalid orders of the Minister of Defense of the Republic of Kazakhstan

1. Order of the Minister of Defense of the Republic of Kazakhstan dated July 2, 2015 № 373 "On Approval of the Rules for Conducting Military Medical Examination and the Regulation on Military Medical Examination Bodies in the Armed Forces of the Republic of Kazakhstan" (registered in the Register of State Registration of Regulatory Legal Acts № 11846, published August 26, 2015 in the information legal system "Adilet").

2. Order of the Minister of Defense of the Republic of Kazakhstan dated April 18, 2018 № 232 "On Introduction of Amendments to Order of the Minister of Defense of the Republic of Kazakhstan dated July 2, 2015 № 373" On Approval of the Rules for Conducting Military Medical Examination and the Regulations on Military Medical Examination Bodies in the Armed Forces of the Republic of Kazakhstan ""(registered in the Register of State Registration of Regulatory Legal Acts № 16898, published on May 24, 2018 in the Reference Control Bank of Regulatory Legal Acts of the Republic of Kazakhstan).

3. Order of the Minister of Defense of the Republic of Kazakhstan dated December 23, 2019 № 1058 "On Introduction of Amendments to the Order of the Minister of Defense of the

Republic of Kazakhstan dated July 2, 2015 № 373" On Approval of the Rules for Conducting Military Medical Examination and the Regulations on Military Medical Examination Bodies in the Armed Forces of the Republic of Kazakhstan ""(registered in the Register of State Registration of Regulatory Legal Acts № 19761, published on December 27, 2019 in the Reference Control Bank of Regulatory Legal Acts of the Republic of Kazakhstan).

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