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| **涡阳县2024年县直事业单位人才引进**  **体 检 表** | | | | | | | | | | | | | | | | | | |
| **姓 名** | | |  | | | **性 别** | | | | |  | | **出生年月** |  | | **照**  **片** | | |
| **民 族** | | |  | | | **婚姻状况** | | | | |  | | **籍 贯** |  | |
| **文化程度** | | |  | | | **联系电话** | | | | |  | | | | |
| **职 业** | | |  | | | **工作单位**  **（毕业院校）** | | | | |  | | | | |
| **报考职位** | | |  | | | **身份证号** | | | | |  | | | | |
| **请本人如实详细填写下列项目**  **（在每一项后的空格中打“√”回答“有”或“无”，如故意隐瞒，后果自负）** | | | | | | | | | | | | | | | | | | |
| **病名** | | | **有** | **无** | | **治愈时间** | | | | | **病名** | | **有** | **无** | | **治愈时间** | | |
| **高血压病** | | |  |  | |  | | | | | **糖尿病** | |  |  | |  | | |
| **心脏病** | | |  |  | |  | | | | | **甲亢** | |  |  | |  | | |
| **支气管扩张** | | |  |  | |  | | | | | **神经官能症** | |  |  | |  | | |
| **支气管哮喘** | | |  |  | |  | | | | | **吸毒史** | |  |  | |  | | |
| **神经系**  **统疾病** | | |  |  | |  | | | | | **严重消化系统疾病** | |  |  | |  | | |
| **精神病** | | |  |  | |  | | | | | **结核病** | |  |  | |  | | |
| **癫痫** | | |  |  | |  | | | | | **性病** | |  |  | |  | | |
| **胰腺疾病** | | |  |  | |  | | | | | **恶性肿瘤** | |  |  | |  | | |
| **急慢性肾炎** | | |  |  | |  | | | | | **手术史** | |  |  | |  | | |
| **急慢性肝炎** | | |  |  | |  | | | | | **严重外伤史** | |  |  | |  | | |
| **结缔组织病** | | |  |  | |  | | | | | **其他** | |  |  | |  | | |
| **备 注** | | |  | | | | | | | | | | | | | | | |
| **受检者签字： 体检日期： 年 月 日** | | | | | | | | | | | | | | | | | | |
| **身高** | | | **厘米** | | | | | **体重** | | | **公斤** | | | **血压** | **/mm Hg** | | | |
| **内**  **科** | | **病史：曾患过何种疾病（起病时间及目前症状）。** | | | | | | | | | | | | | | | | |
| **心脏** | | | | **心界**  **杂音** | | | | | | | **心率 次/分 律** | | | | | |
| **肺** | | | |  | | | | | | | **腹部** | |  | | | |
| **肝** | | | |  | | | | | | | **神经系统** | |  | | | |
| **脾** | | | |  | | | | | | | **其他** | |  | | | |
| **建议** | | | |  | | | | | | | | | **医师签字** | | |  |
| **外**  **科** | | **病史：曾做过何种手术或有无外伤史（名称及时间），目前功能如何。** | | | | | | | | | | | | | | | | |
| **皮肤** | | | |  | | | | | | | **浅表**  **淋巴结** | |  | | | |
| **头颅** | | | |  | | | | | | | **甲状腺** | |  | | | |
| **乳腺** | | | |  | | | | | | | **脊柱**  **四肢关节** | |  | | | |
| **肛门**  **外生殖器** | | | |  | | | | | | | **其他** | |  | | | |
| **建议** | | | |  | | | | | | | | | **医师签字** | | |  |
| **眼**  **科** | | **裸眼**  **视力** | | | | **右** | | | | **矫正**  **视力** | | | | **右** | **医师签字** | | |  |
| **左** | | | | **左** |
| **色觉** | | | |  | | | **小瞳孔眼底** | | | | |  | | | | |
| **其他** | | | |  | | | | | | | | | | | | |
| **建议** | | | |  | | | | | | | | | | **医师签字** | |  |

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| **耳**  **鼻**  **喉**  **科** | **听力** | **左耳**  **右耳** | **耳部** |  | |
| **鼻部** |  | **咽部** |  | |
| **喉部** |  | **其他** |  | |
| **建议** |  | | **医师签字** |  |
| **口**  **腔**  **科** | **唇腭舌** |  | **颞下颌关节** |  | |
| **腮腺** |  | **口腔**  **黏膜** |  | |
| **其他** |  | | | |
| **建议** |  | | **医师签字** |  |
| **妇**  **科** | **病史/月经史：**  **初潮： 岁 经期/周期 / 量（多、中、少） 末次月经：**  **其他：** | | | | |
| **检查项目：1.已婚女性作外阴部检查、阴道窥器检查及阴道-腹部双合诊检查。**  **2.未婚女性作外阴部检查、直肠-腹部双合诊检查。** | | | | |
| **已婚女性（内诊）** | | **未婚女性（肛诊）** | | |
| **外阴** |  | **外阴** |  | |
| **阴道** |  | **/** |  | |
| **宫颈** |  | **/** |  | |
| **宫体** |  | **宫体** |  | |
| **附件** |  | **附件** |  | |
| **建议** |  | | **医师签字** |  |

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| **心**  **电**  **图** | **建议： 医师签字：** |
| **胸**  **部**  **X**  **线**  **片** | **建议： 医师签字：** |
| **腹**  **部**  **B**  **超**  **检**  **查** | **建议： 医师签字：** |
| **体**  **检**  **结**  **论**  **及**  **建**  **议** |  |
| **体检医院签章处**    **负责医师签字**： **年 月 日** |