嘉峪关市公开招聘

公益性岗位人员健康体检表

体检日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 |  | | | | 年龄 | | |  | | | 婚否 | |  | | | 职业 | |  |
| 籍贯 |  | | | 身份证号 | | | | |  | | | | | | | | | | | | | |
| 地址 |  | | | | | | | | | | | | | | | | | | | | | |
| 病史 | 既往史 | | |  | | | | | | | | | | | | 言  语 | | |  | | | |
| 家族史 | | |  | | | | | | | | | | | |
| 身长 | cm | | | 体重 | | kg | | | | | | | 胸围 | | | cm | | | | | 医生意见  签章 | |
| 五  官  科 | 眼 | 视力 | | 左 右 | | | | 鼻 | |  | | | 齿 | | | 龋 齿 | | |  | |
| 沙眼 | | 左 右 | | | | 唇 | |  | | | 脱落齿 | | |  | |
| 辨色力 | |  | | | | 齿槽脓漏 | | |  | |
| 耳 | 听力 | | 左 右 | | | | 咽喉 | |  | | | 其他 | | |  | | | | |
| 耳疾 | |  | | | |
| 外  科 | 脊柱 | | |  | | | | | | | | | 四肢 | | |  | | | | | 医生意见  签章 | |
| 皮肤 | | |  | | | | | | | | | 淋巴 | | |  | | | | |
| 疝 | | |  | | | | | | | | | 其他 | | |  | | | | |
| 内  科 | 血压 | | |  | | | | | | | | | | | | | | | | | 医生意见  签章 | |
| 心脏及血管 | | |  | | | | | | | | | | | | | | | | |
| 肺部 | | |  | | | | | | | | | | | | | | | | |
| 腹部 | | |  | | | 肝 | | |  | | | 脾 | | |  | | | | |
| 神经及其他 | | |  | | | | | | | | | | | | | | | | |
| 其他 | | |  | | | | | | | | | | | | | | | | |
| 胸  透 |  | | | | | | | | | | | | | | | | | | | | 医生意见  签章 | |
| 乙  肝  两  对  半 | 项目 | | 结果 | | 参考值 | | | | | | 项目 | | | 结果 | | | | 参考值 | | | 医生意见  签章 | |
| HBsAg | |  | |  | | | | | | HBeAg | | |  | | | |  | | |
| HBsAb | |  | |  | | | | | | HBeAb | | |  | | | |  | | |
|  | |  | |  | | | | | | HBcAb | | |  | | | |  | | |