（盖章）医院健康体检表

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_学院\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_专业

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | | 性别 | |  | | 年龄 | |  | | 婚否 | | | |  | 照片 | |
| 住址或单位 | | | | |  | | | | | | | | | | | | | | |
| 既往病史 | | | | |  | | | | | | | | | | | | | | |
| 检 查 科 目 | | | | | | | | | | 签名 | | 检 查 科 目 | | | | | | | | | 签名 |
| 血压 | | / mmHg | | | | | | | |  | | 身高 | | | Cm | | | | | |  |
| 脉搏 | | 次/分 | | | | | | | | 体重 | | | Kg | | | | | |
| 内  科 | 发 育 | | |  | | | | | |  | | 外  科 | | 头 颈 | | |  | | | |  |
| 营 养 | | |  | | | | | | 四 肢 | | |  | | | |
| 心血管系 | | |  | | | | | | 脊 柱 | | |  | | | |
| 肺呼吸道 | | |  | | | | | | 肛 门 | | |  | | | |
| 腹部脏器 | | |  | | | | | | 疝 气 | | |  | | | |
| 神经精神 | | |  | | | | | | 淋 巴 | | |  | | | |
| 其 他 | | |  | | | | | | 皮 肤 | | |  | | | |
| 视力 | | | 左 | | | | | | 其 他 | | |  | | | |
| 眼 | 视力 | | 左 | | | 矫正  视力 | | 左 | |  | | 鼻 | | 左 | | | | 右 | | |  |
| 右 | | | 右 | | 咽 | |  | | | | | | |  |
| 砂眼 | | 左 | | | 色觉 | |  | | 口腔 | | 龋齿 | |  | | | | |  |
| 右 | | | 其他 | |  | | | | |  |
| 耳 | 左 | | | | | 右 | | | |  | | 胸部透视 | |  | | | | | | |  |
| 听力 | | | | | 听力 | | | |
| 肝功能 |  | | | | | | | | |  | |
| 检查结果及意见：  医师签名： | | | | | | | | | | | | | | | | | | | | | |