青年就业见习健康体检表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | | 性别 |  | 年龄 |  | | 出生日期 | |  |  | |
| 身份证号 |  | | | | | | | | | | | 民族 | |  |
| 工作单位 |  | | | | | | | | | | | | | |
| 毕业学校 |  | | | | | | | | | | | | | |
| 所学专业 |  | | | | | | | | | | | 学历  层次 | |  |
| 家庭住址 |  | | | | | | | | | | | | | 联系电话 |  | |
| 既往病史 |  | | | | | | | | | | | | | | | |
| 家 庭 史 |  | | | | | | | | | | | | | | | |
| 五官科 | 眼 | | 裸眼视力 | | | | | 左 |  | | | 右 | |  | | 医师意见：  签名： |
| 矫正视力 | | | | | 左 |  | | | 右 | |  | |
|  | 眼 |  | 疾 | |  | | | | | | | |
|  | 色 |  | 觉 | |  | | | | | | | |
| 耳鼻喉 | |  | 听 |  | 力 | | 左 |  | | | 右 | |  | |
|  | 耳 |  | 疾 | |  | | | | | | | |
| 鼻及鼻窦 | | | | |  | | | | | | | |
|  | 嗅 |  | 觉 | |  | | | | | | | |
|  | 咽 |  | 喉 | |  | | | | | | | |
| 口腔 | |  | 粘 |  | 膜 | |  | | | | 舌 | |  | |
| 牙及牙龈 | | | | |  | | | | | | | |
|  | 其 |  | 他 | |  | | | | | | | |
| 内科 | 呼吸 | | 次/分 | | | | | 脉搏 | 次/分 | | | 血压 | | / mmHg | | 医师意见：  签名： |
| 发育及营养 | | | | | | |  | | | | | | | |
| 神经及精神 | | | | | | |  | | | | | | | |
| 肺 | | | | | | |  | | | | | | | |
|  | 心 | |  | 脏 |  | |  | | | | | | | |
| 肝.脾.双肾 | | | | | | |  | | | | | | | |
|  | 其 | |  | 他 |  | |  | | | | | | | |
| 外科 | 身 高 | | | | 厘米 | | | | | 体 | 重 | | 千克 | | | 医师意见：  签名： |
| 皮 肤 | | | |  | | | | | 淋巴结 | | |  | | |
| 头、颈 | | | |  | | | | | 甲状腺 | | |  | | |
| 脊 柱 | | | |  | | | | | 四 | 肢 | |  | | |
| 其 他 | | | |  | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 辅助检查结果 | 胸 片 |  | 医师意见：  签名： |
| 心电图 |  | 医师意见：  签名： |
| 检 验 |  | 医师意见：  签名： |
| B 超 |  | 医师意见：  签名： |
| 妇 科 |  | 医师意见：  签名： |
| 其 他 |  | 医师意见：  签名： |
| 体检结果 | 结果：  建议：  医师签名： 体检医院盖章  日期： 年 月 日 | | |