附件3

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | |  |  |  | |
| **冠心病** | |  |  | |  | | | **甲亢** | | | |  |  |  | |
| **风心病** | |  |  | |  | | | **贫血** | | | |  |  |  | |
| **先心病** | |  |  | |  | | | **癫痫** | | | |  |  |  | |
| **心肌病** | |  |  | |  | | | **精神病** | | | |  |  |  | |
| **支气管扩张** | |  |  | |  | | | **神经官能症** | | | |  |  |  | |
| **支气管哮喘** | |  |  | |  | | | **吸毒史** | | | |  |  |  | |
| **肺气肿** | |  |  | |  | | | **急慢性肝炎** | | | |  |  |  | |
| **消化性溃疡** | |  |  | |  | | | **结核病** | | | |  |  |  | |
| **肝硬化** | |  |  | |  | | | **性传播疾病** | | | |  |  |  | |
| **胰腺疾病** | |  |  | |  | | | **恶性肿瘤** | | | |  |  |  | |
| **急慢性肾炎** | |  |  | |  | | | **手术史** | | | |  |  |  | |
| **肾功能不全** | |  |  | |  | | | **严重外伤史** | | | |  |  |  | |
| **结缔组织病** | |  |  | |  | | | **其他** | | | |  |  |  | |
| **备 注：** | |  | | | | | | | | | | | | | |
| **受检者签字： 体检日期：** | | | | | | | | | | | | | | | |