昌邑市教育系统2020年公开招聘工作人员体检表

检查日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 报考岗位 | | |  | | | | | | | | | | | | | | | | 贴  相  片  处 | |
| 姓 名 | | |  | 性 别 | |  | | | | 年 龄 | |  | | 民 族 | | |  | |
| 籍 贯 | | |  | | | 现通讯处 | | | | | |  | | | | | | |
| 身份证号码 | | |  | | | 联系电话 | | | | | |  | | | | | | |
| 既往病史  （项目见说明） | | | 本人签名： | | | | | | | | | | | | | | | | | |
| (以上空白处由申请人如实填写) | | | | | | | | | | | | | | | | | | | | |
| 五官科 | 裸眼视力 | | | 右 | 矫正  视力 | | | | 右 | | | | 矫正度数 | 右 | | | | 医师意见:            签名: | | |
| 左 | 左 | | | | 左 | | | |
| 辨色力 | | |  | | | | | 眼病 | | | |  | | | | |
| 听力 | | | 左耳 　　　米 | | | | | | | 右耳 　　 米 | | | | | | |
| 鼻 | | | 嗅觉 | | |  | | | | 鼻及鼻窦 | | |  | | | |
| 面部 | | |  | | | | 咽喉 | | | | | |  | | | |
| 口腔唇腭 | | |  | | | | 齿 | | | | | |  | | | |
| 其他 | | |  | | | | | | | | | | | | | |
| 外科 | 身高 | | | 厘米 | | | | 体重 | | | | | | | 千克 | | | 医师意见:      签名: | | |
| 淋巴 | | |  | | | | 脊柱 | | | | | | |  | | |
| 四肢 | | |  | | | | 关节 | | | | | | |  | | |
| 皮肤 | | |  | | | | 颈部 | | | | | | |  | | |
| 其他 | | |  | | | | | | | | | | | | | |
| 内科 | 血压 | | |  | | | | | | | | | | | | | | 医师意见:          签名: | | |
| 营养状况 | | |  | | | | | | | | | | | | | |
| 心脏及血管 | | |  | | | | | | | | | | | | | |
| 呼吸系统 | | |  | | | | | | | | | | | | | |
| 神经系统 | | |  | | | | | | | | | | | | | |
| 腹部器官 | | | 肝 | | | |  | | | | | | | | | |
| 脾 | | | |  | | | | | | | | | |
| 其他 | | |  | | | | | | | | | | | | | |
| 化验检查  (附化验单) | | 血常规 | |  | | | | 肝功五项  （谷草、谷丙转氨酶、胆红素三项） | | | | | | | |  | | 肾功三项 | |  |
| 血糖 | |  | | | | 尿常规 | |  |
| 腹部彩超 | | | |  | | | | | | | | | | | | | | | | |
| 胸部X线检查 | | | | 医师签名: | | | | | | | | | | | | | | | | |
| 体检结论 | | | | 主检医生签名:  年 月 日 | | | | | | | | | | | | | | | | |
| 体检医院  意 见 | | | | 体检医院 盖章  年 月 日 | | | | | | | | | | | | | | | | |

说明：1.既往病史指心脏病、肝炎、哮喘、精神病、癫痫、结核、皮肤病、性传播性疾病等病史。本人应如实填写患病时间、治愈等情况，否则后果自负。

2. 本表请用一页A4纸双面打印，多页或单面打印无效。

3.须有医院填写的体检结论并加盖公章。

4.须在本人照片处加盖医院公章。