**事业单位聘用人员体检表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | **性 别** | |  | | **出生**  **年月** | | |  | |  |
| **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** | |  | | | | | | |
| **内**  **科** | **血压** | | **/ mmHg** | | | | |  | | | | |
| **心脏** | | **心界**  **杂音** | | | | | **心率 次/分 律** | | | | |
| **肺** | |  | | | | | **腹部** | | |  | |
| **肝** | |  | | | | | **神经系统** | | |  | |
| **脾** | |  | | | | | **其他** | | |  | |
| **建议** | |  | | | | | **医师签字** | | |  | |
| **外**  **科** | **身高** | | | **厘米** | | | | **体重** | | | **公斤** | |
| **甲状腺** | | |  | | | | **乳腺** | | |  | |
| **浅表**  **淋巴结** | | |  | | | | **皮肤** | | |  | |
| **脊柱**  **四肢关节** | | |  | | | | **头颅** | | |  | |
| **肛门**  **外生殖器** | | |  | | | | **其他** | | |  | |
| **建议** | | |  | | | | **医师签字** | | |  | |
| **眼**  **科** | **裸眼**  **视力** | | | **右** | |  | | **矫正**  **视力** | | | **右** | |
| **左** | |  | | **左** | |
| **色觉** | | |  | | | | | | | | |
| **其他** | | |  | | | | | | | | |
| **建议** | | |  | | | | | **医师签字** | |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **耳**  **鼻**  **喉**  **科** | | **听力** | **左耳**  **右耳** | **耳部** |  | | |
| **鼻部** |  | **咽部** |  | | |
| **喉部** |  | | | | |
| **其他** |  | | | | |
| **建议** |  | | **医师签字** |  | |
| **口**  **腔**  **科** | | **唇腭舌** |  | **颞下颌关节** |  | | |
| **腮腺** |  |  |  | | |
| **口腔**  **粘膜** |  | **其他** |  | | |
| **建议** |  | | **医师签字** |  | |
| **心**  **电**  **图** | | **建议： 医师签字：** | | | | | |
| **胸**  **部**  **正**  **位**  **片** | | **建议： 医师签字：** | | | | | |
| **体**  **检**  **结**  **论**  **及**  **建**  **议** | |  | | | | | |
| **体检医院签章处**  **主检医师签字： 年 月 日** | | | | | |