|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **血常规** | | | | **白细胞总数（WBC）及分类** | | **血红蛋白（HGB）** |
| **红细胞总数（RBC）** | | **血小板计数（PLT）** |
| **血生化** | | | | **丙氨酸氨基转移酶（ALT）** | | **尿素氮（BUN）** |
| **天冬氨酸氨基转移酶（AST）** | | **肌酐（CR）** |
| **葡萄糖（GLU）** | |  |
| **免疫** | | | | **艾滋病病毒抗体（抗HIV）** | | **梅毒血清特异性抗体（TPHA）** |
| **尿常规** | | | | **糖（GLU）** | | **蛋白质（PRO）** |
| **胆红素（TBIL）** | | **尿胆原（URO）** |
| **比重（SG）** | | **红细胞（BLO）** |
| **酸碱度（PH）** | | **白细胞（LEU）** |
| **其他** | | | |  |  | |
| **建议： 医师签名：** | | | | | | |
|  | **体**  **检**  **结**  **论**  **及**  **建**  **议** |  | | | | |
|  | **体检医院签章处**    **主检医师签字： 年 月 日** | | | | |
|  | | |  | | | |
| **备注：此表须A3纸正反面打印,并存入个人档案。** | | | | | | |

体检编号： 。

体

检

表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **身高** | **厘米** | | **体重** | | **公斤** | | | | | | | **血压** | **/mmHg** | | | |
| **内**  **科** | **病史：曾患过何种疾病（起病时间及目前症状）。** | | | | | | | | | | | | | | | |
| **心脏** | **心界 杂音** | | | | | | **心率 次/分** | | | | | | | | |
| **肺** |  | | | | | | **腹部** | | | | | |  | | |
| **肝** |  | | | | | | **神经系统** | | | | | |  | | |
| **脾** |  | | | | | | **其他** | | | | | |  | | |
| **建议：** | | | | | | | | **医师签字** | | | | |  | | |
| **外**  **科** | **病史：曾做过何种手术或有无外伤史（名称及时间），目前功能如何。** | | | | | | | | | | | | | | | |
| **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** | | | | | **医师签字** | | |  | |
| **左** | | **左** | | | | |
| **色觉** | | |  | | | | | | | | | | | | |
| **其他** | | |  | | | | | | | | | | | | |
| **建议** | | | | | | | | | **医师签字** | | |  | | | |
| **耳**  **鼻**  **喉**  **科** | **听力** | | | **左耳**  **右耳** | | | | | | | | | **嗅觉** | | |  |
| **外耳** | | |  | | | | | | | | | **鼻** | | |  |
| **鼻咽** | | |  | | | | | | | | | **口咽** | | |  |
| **喉咽** | | |  | | | | | | | | | **其他** | | |  |
| **建议** | | | | | | | | | | **医师签字** | |  | | | |
| **口**  **腔**  **科** | **唇腭** | | |  | | | | | | | | | **舌** | | |  |
| **龋齿** | | |  | | | | | | | | | **口吃** | | |  |
| **口腔**  **粘膜** | | |  | | | | | | | | | **其他** | | |  |
| **建议** | | | | | | | | **医师签字** | | | |  | | | |
| **心电图** | **建议： 医师签字：** | | | | | | | | | | | | | | | | |
| **胸部X**  **透视** | **建议： 医师签字：** | | | | | | | | | | | | | | | | |
| **腹部B超（肝胆脾双肾胰腺）** | **建议： 医师签字：** | | | | | | | | | | | | | | | | |

**2022年菏泽市牡丹人民医院**

**公开引进高层次急需紧缺专业技术人才体检表**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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： 年 月 日** | | | | | | | | | |