**内 蒙 古 工 业 大 学 健 康 体 检 表 （正面）**

**姓名：\_\_\_\_\_\_\_\_\_\_\_ 性别:\_\_\_\_年龄：\_\_\_\_学院\_\_\_\_\_\_\_\_ \_专业：\_\_\_\_ \_复试号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **形态机能** | **身高（cm)** |  | | | | | **体重（kg）** | | | |  | | | | | **医师签章** | |
| **血压（mmHg）** |  | | | | | | | | | | | | | | **医师签章** | |
| **内科** | **心** | **心率 次/分 律（齐、不齐）杂音** | | | | | | | | | | | | | **建议：** | | **医师签章** |
| **肺** |  | | | | | | | | | | | | |
| **外科** | **头部** |  | | | | | | | | | | | | | **建议：** | | **医师签章** |
| **颈部** |  | | | | | | | | | | | | |
| **胸部** |  | | | | | | | | | | | | |
| **脊柱** |  | | | | | | | | | | | | |
| **四肢** |  | | | | | | | | | | | | |
| **腹部（肝、脾触诊）** |  | | | | | | | | | | | | |
| **淋巴结** |  | | | | | | | | | | | | |
| **神经系统检查** |  | | | | | | | | | | | | |
| **眼科** | **视 力** | **裸眼** | | **右** | |  | | | **矫正** | | | **右** |  | | | | **医师签章** |
| **左** | |  | | | **左** |  | | | |
| **色 觉** | **正 常 色 弱 色 盲** | | | | | | | | | | | | | | | **医师签章** |
| **眼 病** | **沙 眼 结膜炎 其 他** | | | | | | | | | | | | | | | **医师签章** |
| **口腔** | **龋齿 牙垢 牙周 唇腭** | | | | | | | | | | | | | | | | **医师签章** |
| **耳鼻咽喉** | **听 力** | |  | | **嗅 觉** | | |  | | **咽 喉** | | | |  | | | **医师签章** |
| **实验室检查** | | |  | | | | | | | | | | | | | | **签章** |
| **其他** | | |  | | | | | | | | | | | | | | **签章** |
| **体检结果** |  | | | | | | | | | | | | | | | |  |
| **备注** | **复查结果附后** | | | | | | | | | | | | | | | | |

体检日期 年 月 日

**个人基本信息（背面）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 | |  | | | 出生年月 | |  | | | | | 照片 |
| 民族 |  | | 学院 | |  | | | 专业 | |  | | | | |
| 班级 |  | | 身份证号 | |  | | | | 联系电话 | | |  | | | |
| **既往病史**  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”） | | | | | | | | | | | | | | | |
| 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 | | | |  | |  |  | |
| 风湿性心脏病 | |  | |  | |  | 贫血 | | | |  | |  |  | |
| 先天性心脏病 | |  | |  | |  | 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 | | | | | | | | | | | | | | | |

**知情同意书：**

**本人以上病史陈述属实，对刻意隐瞒病史造成在校期间发生意外情况的，后果本人承担。**

受检者签字：

**年 月 日**