附件2

体检编号****：****

广东省事业单位工作人员聘用

体  检  表

中共广东省委组织部

广  东  省  财  政  厅

广东省人力资源和社会保障厅

广  东  省  卫  健  委

体检须知

为了准确反映受检者身体的真实状况，请注意以下事项：

1.均应到指定医院进行体检，其它医疗单位的检查结果一律无效。

2.严禁弄虚作假、冒名顶替；如隐瞒病史影响体检结果的，后果自负。

3.体检表上贴近期二寸免冠照片一张。

4.本表第二页由受检者本人填写（用黑色签字笔或钢笔），要求字迹清楚，无涂改，病史部分要如实、逐项填齐，不能遗漏。

5.体检前一天请注意休息，勿熬夜，不要饮酒，避免剧烈运动。

6.体检当天需进行采血、B超等检查，请在受检前禁食8-12小时。

7.女性受检者月经期间请勿做妇科及尿液检查，待经期完毕后再补检；怀孕或可能已受孕者，事先告知医护人员，勿做X光检查。

8.请配合医生认真检查所有项目，勿漏检。若自动放弃某一检查项目，将会影响对您的录用。

9.体检医师可根据实际需要，增加必要的相应检查、检验项目。

10.如对体检结果有疑义，请按有关规定办理。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ****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）**** | | | |  | | | | | | |
| ****报考岗位**** | | | | | | |  | | | | | ****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**** | | | | | | | | | | | | | | | | | | | | | | | | |
| ****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   律**** | | | | | |
| ****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**** | |  |
|  | | ****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**** | | |  |  |
| ****妇****  ****科**** | | ****病史:  初潮        周期        量（多、中、少）末次月经        绝经年龄      岁****  ****结婚年龄：         孕     产           末产          年        月****  ****难产：                                 手术史：**** | | | | | | | | | | | | | | | | | | | | | |  |
| ****内****  ****诊**** | | | | | ****外阴**** | | | | ****阴道分泌物**** | | | | | | | | | | | | |  |
| ****宫颈：大小（正常、肥大、萎缩）糜烂（无、轻、中、重）质地（软、中、硬）**** | | | | | | | | | | | | | | | | |  |
| ****宫体：位大小活动质地（软、中、硬）**** | | | | | | | | | | | | | | | | |  |
| ****附件：正常压痛（左右）增厚（左右）肿物**** | | | | | | | | | | | | | | | | |  |
| ****刮片：初诊**** | | | | | | | | | | | | | | | | |  |
| ****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**** | |  | | |  | |
| ****妇****  ****科**** | | | ****病史/月经史：初潮   岁  经期/周期      /      量（多、中、少） 末次月经**** | | | | | | | | | | | | | | | | | | | | |  | |
| ****检查项目：1.已婚女性作外阴部检查、阴道窥器检查及阴道-腹部双合诊检查。****  ****2.未婚女性作外阴部检查、直肠-腹部双合诊检查。**** | | | | | | | | | | | | | | | | | | | | |  | |
| ****已婚女性（内诊）**** | | | | | | | | | | | | ****未婚女性（肛诊）**** | | | | | | | | |  | |
| ****外阴**** | | | | |  | | | | | | | ****外阴**** | | | |  | | | | |  | |
| ****阴道**** | | | | |  | | | | | | | ****/**** | | | |  | | | | |  | |
| ****宫颈**** | | | | |  | | | | | | | ****/**** | | | |  | | | | |  | |
| ****宫体**** | | | | |  | | | | | | | ****宫体**** | | | |  | | | | |  | |
| ****附件**** | | | | |  | | | | | | | ****附件**** | | | |  | | | | |  | |
| ****建议**** | | | | |  | | | | | | | | | | | ****医师签字**** | | |  | |  | |
| ****心****  ****电****  ****图**** | | | | | ****建议：                                          医师签字：**** | | | | | | | | | | | | | | | | | | | |  |
| ****胸****  ****部****  ****X****  ****光****  ****片**** | | | | | ****建议：                                          医师签字：**** | | | | | | | | | | | | | | | | | | | |  |
|  | ****腹****  ****部****  ****B****  ****超****  ****检****  ****查**** | | | | | ****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**** | | | | | | | | | | | | | | | | | | | |

****检验项目****

|  |  |  |
| --- | --- | --- |
| ****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）**** |
| ****镜检**** |  |
| ****其他**** |  | |