**附件**

**芜湖学院健康检查表（参考样式）**

级 专业 班 学号

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 性别 |  | | 民族 | | |  | | 婚否 |  | | 联系电话 | | |  | | | 半身脱  帽像片 | | |
| 出生年月 |  | | | | | 户籍地 | | | | |  | | | | | | | | |
| 既往病史 |  | | | | | | | | | | | | | | | | | | |
| 家庭病史 |  | | | | | | | | | | | | | | | | | | |
| 以上各栏由本人填写 | | | | | | | | | | | | | | | | | | | |
| 身高（cm） |  | | 体重（kg） | |  | | | | | 血压（mmHg） | | | 医生签字 | | | | | | | | | |
| 五  官  科 | 裸眼视力 | 右 |  | | 矫正视力 | | | 右 | |  | | | 砂眼 | | 右 | |  | | 听力 | | 右 |  |
| 左 |  | | 左 | |  | | | 左 | |  | | 左 |  |
| 色盲 |  | | | | | | 嗅觉 | | |  | | | | | | 龋齿 | |  | | | |
| 医生意见  签字 | | | | | | | | | | | | | | | | | | | | | |
| 内  科 | 发育状况 |  | | | | | 心脏 | | |  | | | | | | 肺 | |  | | | | |
| 营养状况 |  | | | | | 肝 | | |  | | | | | | 神经衰弱 | |  | | | | |
| 医生意见  签字 | | | | | | | | | | | | | | | | | | | | | |
| 外  科 | 四肢 |  | | | | | | | | | | | 脊柱 | |  | | | | | | | |
| 其他 |  | | | | | | | | | | | | | | | | | | | | |
| 医生意见  签字 | | | | | | | | | | | | | | | | | | | | | |
| 胸  片 | 医生签字 | | | | | | | | | | | | | | | | | | | | | |
| 血液化验 |  | | | | | | | | | | | | | | | | | | | | | |
| 检查单位意见 | 医院公章 | | | | | | | | | | | | | | | | | | | | | |
| 审查单位结论 | 签字 | | | | | | | | | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | | | | | | | | | |

年 月 日