**肇东市明久乡卫生院体格检查表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | |  | | | | 性别 | |  | | 年龄 | | | | |  | | | 婚否 | | |  | | | | | | | 半身脱帽  相片 |
| 文化程度 | | |  | | | | 民族 | |  | | 职业 | | | | | | | |  | | | | | | | | | |
| 籍　　贯 | | |  | | | | | | 所在单位 | | | | | |  | | | | | | | | | | | | | |
| 既往病史 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家族病史 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 五  官  科 | | 眼 | 视  力 | | 左 |  | | | | 矫正  视力 | | 左 | |  | | | | | | 辨  色  力 | | |  | | | | | 医生意见：  签名： | |
| 右 |  | | | | 右 | |  | | | | | |
| 砂  眼 | | 左 |  | | | | 其它  眼疾 | |  | | | | | | | | | | | | | | | |
| 右 |  | | | |
| 耳 | 听  力 | | 左 |  | | | | 耳疾 | |  | | | | | | | | | | | | | | | |
| 右 |  | | | |
| 鼻 | 嗅觉 | |  | | | | | 鼻类  疾病 | |  | | | | | | | | | | | | | | | |
| 唇颚 |  | | | | | | | 咽喉 | | |  | | | | | | | | 口吃 | | |  | | | |
| 齿 | 龋唇 |  | | | | | | 齿脱落 | | |  | | | | | | | | 齿脓槽漏 | | | |  | | |
| 其它 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 外  科 | | 身高 | 公分 | | | | | 胸围 | | | | 公分 | | | | | | | | | 皮  肤 | | | | |  | | 医生意见：  签名： | |
| 体重 | 公斤 | | | | | 乳腺 | | | |  | | | | | | | | |
| 淋巴 |  | | | | | 甲状腺 | | | |  | | | | | | | | | 脊柱 | | | | |  | |
| 四肢 |  | | | | | 平足 | | | |  | | | | | | | | | 关节 | | | | |  | |
| 肛门 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 疝 |  | | | | | | | | | 其它 | | | | | |  | | | | | | | | | |
| 内科 | 脉搏 | | | | 次/分钟 | | | | | | 血压 | | | | | | / mmHg | | | | | | | | | | 医生意见:  签名： | | |
| 发育状况 | | | |  | | | | | | 营养  状况 | | | | | |  | | | | | | | | | |
| 神经及  精神疾病 | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 心脏及  血管疾病 | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 腹腔器官  疾病 | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 月经史 | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 其它 | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 检验结果  (肝功能) | | | | | 检验员签名： | | | | | | | | | | | | | | | | | | | | | | | | |
| X线或  摄影检查 | | | | | 医生签名： | | | | | | | | | | | | | | | | | | | | | | | | |
| 其它 | | | | | 医生签名： | | | | | | | | | | | | | | | | | | | | | | | | |
| 医院意见 | | | | | 医院公章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
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|
| 备注 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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**说明**：检验结果正常的，即写“正常”（无疾病写“无”），辨色力栏内写正常或某种色盲或色弱；砂眼按程度不同分为四期，记录为Ⅰ、Ⅱ、Ⅲ、Ⅳ；口吃填写轻、中、重；其它疾病或缺陷，记录疾病轻重程度，是否影响正常生理机能：不能确定诊断的，填写初步印象和主要症状；未做检查的科目，在栏内划一斜线“/”。