**附件2**

**2023年蒙城县技工学校**

**招聘教师**

**体**

**检**

**表**

**2023年9月**

**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.体检严禁弄虚作假、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，并加盖公章。

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 | | | | | | | | |  | | | | |  | | | | |  | | | | | | |
| 心脏病 | | | | | | | | | | |  | | | | |  | | | |  | | | | | | 甲亢 | | | | | | | | |  | | | | |  | | | | |  | | | | | | |
| 神经系  统疾病 | | | | | | | | | | |  | | | | |  | | | |  | | | | | | 贫血 | | | | | | | | |  | | | | |  | | | | |  | | | | | | |
| 精神病 | | | | | | | | | | |  | | | | |  | | | |  | | | | | | 癫痫 | | | | | | | | |  | | | | |  | | | | |  | | | | | | |
| 严重消化系统疾病 | | | | | | | | | | |  | | | | |  | | | |  | | | | | | 神经官能症 | | | | | | | | |  | | | | |  | | | | |  | | | | | | |
| 支气管扩张 | | | | | | | | | | |  | | | | |  | | | |  | | | | | | 吸毒史 | | | | | | | | |  | | | | |  | | | | |  | | | | | | |
| 支气管哮喘 | | | | | | | | | | |  | | | | |  | | | |  | | | | | | 急慢性肝炎 | | | | | | | | |  | | | | |  | | | | |  | | | | | | |
| 肺气肿 | | | | | | | | | | |  | | | | |  | | | |  | | | | | | 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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 皮肤 | | | | | | | | | | | | |  | | | | | | | | | | | 浅表  淋巴结 | | | | | | | |  | | | | | | | | | | | | | | |
| 头颅 | | | | | | | | | | | | |  | | | | | | | | | | | 甲状腺 | | | | | | | |  | | | | | | | | | | | | | | |
| 乳腺 | | | | | | | | | | | | |  | | | | | | | | | | | 脊柱  四肢关节 | | | | | | | |  | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | |  | | | | | | | | | | | 小瞳孔眼底 | | | | | | | | | | | | | |  | | | | | | | | |
| 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** | | | | | | |  | | | | | | |
| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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：  其他： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | |  | | | | | | | | |
| **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** | | | | | | | |  | | | | |
| **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** | | | | | | | | | | | | | | | | **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** | | | | | | | |  | | | | |
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| **内**  **诊** | | | | | | | **外阴** | | | | | | | **阴道 分泌物** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **宫体： 位 大小 活动 质地（软、中、硬）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **刮片： 初诊** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **耳鼻喉科** | | | **听力** | | | | | | | | | | | | **左耳**  **右耳** | | | | | | | | | | | | | | | | **嗅觉** | | | | | | | | | |  | | | | | | | | | | | | |
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| **鼻咽** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **口咽** | | | | | | | | | |  | | | | | | | | | | | | |
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| **刮片： 初诊** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | 根据《公务员录用体检通用标准》等规定，体检结论属于＿＿＿＿＿。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 体检医院签章处    主检医师签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**检 验 项 目**

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| **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** |  | |