**四川省医生、护士执业注册健康检查表**

指定体检医院名称： 体检日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | | |  | | | | | 性别 | | | |  | | | | 出生日期 | | | |  | | 照  片  体检单位骑缝章 | | |
| 工作单位 | | | |  | | | | | | | | | | | | | | | | | | |
| 出 生 地 | | | |  | | | | | | | | | | 民族 | | | | |  | | | |
| 既往病史 | | | |  | | | | | | | | | | | | | | | | | | |
| 家 族 史 | | | |  | | | | | | | | | | | | | | | | | | |
| 外    科 | | 甲状腺 | |  | | | | | | | 脊 柱 | | | | | | |  | | | | | 医师签字： | | |
| 淋 巴 | |  | | | | | | | 四 肢 | | | | | | |  | | | | |
| 肛 门 | |  | | | | | | | 关 节 | | | | | | |  | | | | |
| 泌 尿  生殖器 | |  | | | | | | | | | | | | | | | | | | |
| 其 它 | |  | | | | | | | | | | | | | | | | | | |
| 内  科 | 血压 | | | |  | | | | | | | | | | | | | | | | | | 医师签字： | | | |
| 神经及精神 | | | |  | | | | | | | | | | | | | | | | | |
| 肺及呼吸道 | | | |  | | | | | | | | | | | | | | | | | |
| 心脏及血管 | | | |  | | | | | | | | | | | | | | | | | |
| 腹部器官 | | | |  | | | 肝 | | | |  | | | | | | | | | | |
| 脾 | | | |  | | | | | | | | | | |
| 其它 | | | |  | | | | | | | | | | | | | | | | | |  | | | |
| 胸部X线透视 | | | | |  | | | | | | | | | | | | | | | 医师签字： | | | | | | |
| 心 电 图 | | | | |  | | | | | | | | | | | | | | | 医师签字： | | | | | | |
| 转 氨 酶 | | | | |  | | 乙肝表面抗原 | | | | | | | | |  | | | | 化验员签字： | | | | | | |
| 五  官  科 | | | 眼 | 视  力 | | 左 | | | | 矫 正  视 力 | | | | | 右 | | | | 其 它  眼 疾 | | |  | 医师签字： | |
| 右 | | | | 左 | | | |
| 耳 | 听  力 | | 右 | | | | 耳  疾 | | | | |  | | | | | | | |
| 左 | | | |
| 鼻及鼻窦  疾 病 |  | | | | | | | | | | | | | | | | | | |
| 咽 喉 |  | | | | | | | | | | | | | | | | | | |
| 其 它 |  | | | | | | | | | | | | | | | | | | |
| 主检结果 | | | 体检医院盖章  主检医师签字： 填写日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 注册机关意见 | | | 注册机关盖章  填报日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | |

注： 1、指定的体检医院为二级以上综合医院。

2、表中内容请体检单位如实工整填写，不得涂改，不得弄虚作假。

3、体检后此表交注册机关。

4、X线、心电图、肝功报告单、精神病疾病证明请贴在背面。