**内蒙古工业大学健康体检表**

**复试号： 年 月 日**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | | | | | **性别** | **男、女** | | | **民族** | | | | |  | | | **出生年月：** | | |
| **既往史** | **先心病、肺结核、肝炎、白血病、肾病、甲状腺疾病、其他不适**  **本人说明并签字：** | | | | | | | | | | | | | | | | | | | | |
| **过敏史** |  | | | | | **所在学院** | | |  | | | | **所在系班** | | | | |  | | | **照片** |
| **以上内容由本人填写确认；本人联系电话（方式）：** | | | | | | | | | | | | | | | | | | | | |
| **外**  **科** | **身高** | | | **cm** | | | | | | **体重** | | | | | **kg** | | | | | |
| **脊柱** | | |  | | | | | | **四肢** | | | | |  | | | | | |
| **甲状腺** | | |  | | | | | | **肝脾** | | | | |  | | | | | |
| **内**  **科** | **双肺** | | |  | | | | | | **血压** | | | | | **mmHg** | | | | | |
| **心脏** | | |  | | | | | | **其他** | | | | |  | | | | | | |
| **眼科** | **视力** | **左** | |  | | | | | | **矫正** | | **左** | | | | |  | | | **色觉** | | |
| **右** | |  | | | | | | **右** | | | | |  | | |  | | |
| **口腔科** | **龋齿 缺齿**  **牙周、唇鄂及其它：** | | | | | | | | | | | | | | | | | | | | |
| **耳鼻喉科** | **听力** | | **左** | |  | | | | | | **嗅觉** | | | **左** | | | |  | | | **其他** |
| **右** | |  | | | | | | **右** | | | |  | | |
| **化验结果** | **附化验单** | | | | | | | | | | | | | | | | | | | | |
| **放射检查** |  | | | | | | | | | | | | | | | | | | | | |
| **其他** |  | | | | | | | | | | | | | | | | | | | | |
| **体**  **检**  **结**  **论** | **盖章 年 月 日** | | | | | | | | | | | | | | | | | | | | |