桂林医科大学招收研究生体格检查表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | 性别 | |  | | 出生年月日 | | |  | | | | 婚否 | | |  | | |  |
| 文化程度 | |  | | | 民族 | |  | | 职 业 | | | | | | |  | | | | | |
| 身份证号 | |  | | | | | | |  | | | | | | |  | | | | | |
| 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 |  | | | | | | | | | | | |
| 咽喉 |  | | | | | | 口吃 | |  | | | | |  | | |  | | |
| 齿 | 龋 唇 |  | | | | | 齿脱落 | |  | | | | | 齿脓 槽漏 | | |  | | |
| 其它 |  | | | | | | | | | | | | | | | | | | |
| 外 科 | 身长 | 厘米 | | | | 胸围 | | | 公分 | | | | | | 皮 肤 | | | | |  | 医生意见：  签名： | |
| 体重 | 公斤 | | | | 呼吸差 | | | 公分 | | | | | |
| 淋巴 |  | | | | 甲状腺 | | |  | | | | | | 脊柱 | | | | |  |
| 四肢 |  | | | | 平足 | | |  | | | | | | 关节 | | | | |  |
| 泌尿生 殖器 |  | | | | | | | | | | | | | | | | | | |
| 疝 |  | | | | | | | 其它 | | | |  | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 内 科 | 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 |  | 肝 | | |  | |
| 器官 |  | 脾 | | |  | |
| 其它 |  | | | | | |
| 化验结果  (肝、肾功能) | |  | | | | | 化验员签名： | |
| X 线或  缩影检查 | | 医生签名： | | | | | | |
| 健康鉴定 | | 医院公章 年 月 日 | | | | | | |
| 审查意见 | | 签名或盖章 | | | | | | |
| 备注 | |  | | | | | | |

检查日期：2025 年 月 日