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| 吕梁市中小学学生健康检查表   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 学校名称： | | | | | | | | | 学校所在地：      县（市区）             乡镇/街道 | | | | | | | | 学校机构代码： | | | | | | | | | 学校类别：□      0城       1乡 | | | | | | | | 年级： | | | | 班级： | | | | | | | 家庭地址： | | | | | | 姓名： | | | | 性别： | | | | | | | 年龄： （或出生：     年    月    日） | | | | | | 医保号：□□□□□□□□□□□□ | | | | | | | | | 身份证号码：□□□□□□□□□□□□□□□□□□ | | | | | | | | 既往病史 |  | | | | | | | | | | | | | | 医师签名 | | 一般情况 | 血压          mmHg | | | | | 脉搏次/分 | | | | | | 肺活量         ml | | | 医师签名 | | 体重          kg | | | | | 身高         cm | | | | | | BMI          kg/m2 | | | | 内科 | 心 |  | | | | | | | | | | | | | 医师签名 | | 肺 |  | | | | | | | | | | | | | | 肝 |  | | | | | | | | | | | | | | 脾 |  | | | | | | | | | | | | | | 外科 | 头部 |  | | | | | | | | | | | | | 医师签名 | | 颈部 |  | | | | | | | | | | | | | | 胸部 |  | | | | | | | | | | | | | | 脊柱 |  | | | | | | | | | | | | | | 四肢关节 |  | | | | | | | | | | | | | | 皮肤 |  | | | | | | | | | | | | | | 淋巴结 |  | | | | | | | | | | | | | | 五  官  科 | 裸眼视力 | 左： 右： | | | | | | | | 矫正视力 | | 左： 右： | | | 医师签名 | | 屈光度 | 左： | 球镜 | | | |  | | | | 柱镜 |  | 轴位 |  | | 右： | 球镜 | | | |  | | | | 柱镜 |  | 轴位 |  | | 沙眼 |  | | | | | | | | | | | | | | 结膜炎 |  | | | | | | | | | | | | | | 耳鼻喉 |  | | | | | | | | | | | | | | 口  腔  科 | 龋齿 |  | | | | | | | | | | | | | 医师签名 | | d | | | m | | | f | | | D | M | F | | | 牙周组织 |  | | | | | | | | | | | | | | 辅助检查 | 结核菌素（入校新生） | | 检查结果（附检查单） | | | | | | | | | | | | | 血常规\* | 检查结果（附检查单） | | | | | | | | | | | | | | 尿常规\* | 检查结果（附检查单） | | | | | | | | | | | | | | 谷丙转氨酶 \* | 检查结果（附检查单） | | | | | | | | | | | | | | 胆红素\* | 检查结果（附检查单） | | | | | | | | | | | | | | 心电图\* | 检查结果（附检查单） | | | | | | | | | | | | | | 腹部黑白B超\* | 检查结果（附检查单） | | | | | | | | | | | | | | 血红蛋白\* | 检查结果（附检查单） | | | | | | | | | | | | | | 蛔虫卵\* | 检查结果（附检查单） | | | | | | | | | | | | | | 其他检查\* | 检查结果（附检查单） | | | | | | | | | | | | | | 体检结论： | | | | | | | | | | | | 体检机构签章： | | | | |