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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： |

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