**参加体检人员基本情况简表**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 | |  | 出生年月 | |  | | 照片 | |
| 民族 |  | | 婚姻状况 | |  | 联系电话 | |  | |
| 文化程度 |  | | 籍贯 | |  | | | | |
| 职业 |  | | 毕业院校 | |  | | | | | | |
| 报考单位及岗位 |  | | | | | | | | | | |
| 请本人如实详细填写下列项目  （在“有”或“无”对应的空格内打“√”，如故意隐瞒，不予聘用） | | | | | | | | | | | |
| 病名 | | 有 | 无 | 治愈时间 | | 病名 | 有 | | 无 | | 治愈时间 |
| 高血压病 | |  |  |  | | 糖尿病 |  | |  | |  |
| 冠心病 | |  |  |  | | 甲亢 |  | |  | |  |
| 风心病 | |  |  |  | | 贫血 |  | |  | |  |
| 先心病 | |  |  |  | | 癫痫 |  | |  | |  |
| 心肌病 | |  |  |  | | 精神病 |  | |  | |  |
| 支气管扩张 | |  |  |  | | 神经官能症 |  | |  | |  |
| 支气管哮喘 | |  |  |  | | 吸毒史 |  | |  | |  |
| 肺气肿 | |  |  |  | | 急慢性肝炎 |  | |  | |  |
| 消化性溃疡 | |  |  |  | | 结核病 |  | |  | |  |
| 肝硬化 | |  |  |  | | 性传播疾病 |  | |  | |  |
| 胰腺疾病 | |  |  |  | | 恶性肿瘤 |  | |  | |  |
| 急慢性肾炎 | |  |  |  | | 手术史 |  | |  | |  |
| 肾功能不全 | |  |  |  | | 严重外伤史 |  | |  | |  |
| 结缔组织病 | |  |  |  | | 其他 |  | |  | |  |
| 备注 | |  | | | | | | | | | |
| 受检者签字 | |  | | | | | | | | | |