**个人健康信息表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | |  | | **性 别** | | |  | **出生年月** | |  | | **照**  **片** | |
| **民 族** | |  | | |  | | **籍贯** | | |  | | | | |
| **婚姻状况** | |  | | |  | | **子女状况** | | |  | **现受孕状况** | | |  |
| **文化程度** | |  | | |  | | **联系电话** | | |  | | | | |
| **职 业** | |  | | |  | | **工作单位**  **（毕业院校）** | | |  | | | | |
| **报考职位** | |  | | |  | | **身份证号** | | |  | | | | |
|  | **请本人如实详细填写下列项目**  **（在每一项后的空格中打“√”回答“有”或“无”，如故意隐瞒，后果自负）** | | | | | | | | | | | | | | | |
| **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： 体检日期： 年 月 日** | | | | | | | | | | | | | | | |