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**常州大学博士研究生入学考试体格检查表**

报考院系： 报考专业：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | | 出生日期 | |  | | | | | | | | | | | | 体检医院骑缝章 | |
| 性别 | |  | | | | | 考生来源 | |  | | | | | | | | | | | |
| 婚否 | |  | | | | | 联系电话 | |  | | | | | | | | | | | |
| 民族 | |  | | | | | 报考类别 | |  | | | | | | | | | | | |
| 学习工  作单位 | |  | | | | | | | | | | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | | | | |
| 既往病史 | |  | | | | | | | | | | | | | | | | | | | | |
| （以上由考生本人如实填写） | | | | | | | | | | | | | | | | | | | | | | |
| 五  官  科 | 眼 | | 裸眼视力 | | 右 | | | | 矫正  视力 | | | | 右 矫正度数 | | | | | | | | | 医师意见  （签字）   1. 眼科 2. 耳鼻喉科 3. 口腔科 |
| 左 | | | | 左 矫正度数 | | | | | | | | |
| 其他眼病 | |  | | | | 色觉  检查 | | | | 彩色图案及编码 | | | | | | | | |
| 单颜色识别  红、绿、紫、蓝、黄 | | | | | | | | |
| 耳 | | 听力 | | 右 米 | | | | | | | |  | | | | | | | | |
| 左 米 | | | | | | | |  | | | | | | | | |
| 鼻 | | 嗅觉 | |  | | | | | 鼻及鼻窦疾病 | | | | | | |  | | | | |
| 颜面部 | |  | | | | | | | 咽喉 | | | | | | |  | | | | |
| 口腔 | | 唇 | |  | | | | | 门齿 | | | | | | |  | | | | |
| 其他 | |  | | | | | | | | | | | | | | | | | | |
| 外  科 | 身高 | | 厘米 | | | | | 体重 | | 千克 | | | | | | 皮肤 | | |  | | | 医师意见：  （签字） |
| 淋巴 | |  | | | | | 甲状腺 | |  | | | | | | 脊柱 | | |  | | |
| 四肢 | |  | | | | | | | | | | | | | | | | | | |
| 关节 | |  | | | | | | | 平拓足 | | | |  | | | | | | | |
| 其他 | |  | | | | | | | | | | | | | | | | | | |
| 内  科 | 血压 | | | 毫米  汞柱 | | | | | | | | 心率  （次/分） | | | | | |  | | | | 医师意见  （签字） |
| 发 育 及  营养状况 | | |  | | | | | | | | | | | | | | | | | |
| 神 经 及  精 神 | | |  | | | | | | | | | | | | | | | | | |
| 呼吸系统 | | |  | | | | | | | | | | | | | | | | | |
| 心 脏 及  血 管 | | |  | | | | | | | | | | | | | | | | | |
| 腹部器官 | | | 肝 | |  | | | | | | | | | | | | | | | |
| 脾 | |  | | | | | 肾 | | | |  | | | | | | |
| 其他 | | |  | | | | | | | | | | | | | | | | | |
| 化验检查  （要附化验单） | | | | 血 | |  | | | | | 肝功 | | | |  | | | | | 尿 | |  |
| 胸部透视检查 | | | |  | | | | | | | | | | | | | | | | 医师签字 | | |
| 其他检查 | | | |  | | | | | | | 口吃 | | | |  | | | | | 外貌异常 | |  |
| 体检结论 | | | | 负责医师签字 （盖章） | | | | | | | | | | | | | | | | | | |
| 体检医院意见 | | | | 体检医院 年 月 日（盖章） | | | | | | | | | | | | | | | | | | |
| 复审意见 | | | | 复审单位签字 （盖章） | | | | | | | | | | | | | | | | | | |
| 备注 | | | |  | | | | | | | | | | | | | | | | | | |

**说明：此表由考生本人体检时交医院。“既往病史”一栏，考生必须如实填写，如发现隐瞒严重疾病，不符合体检标准的，即使已录取入学，也必须取消入学资格。**