**中国科学院 2020年攻读硕士学位研究生体格检查表**

报考单位： 报考专业：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | | **性 别** | | |  | | | | **出生** | | | **年 月 日** | | | | | **婚否** |  | **照**  **片** | |
| **文化程度** | |  | | | **民 族** | | |  | | | | | **职 业** | | | |  | | | | |
| **籍 贯** | | **省 市（县）** | | | | | | | | | **现 通 讯**  **地 址** | | | | |  | | | | | |
| **毕业学校** | |  | | | | | | | | | | | | | | | | | | | | **医院骑缝章** | |
| **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** | | | **右 矫正度数：** | | | | | | | | | | | **医师意见**  **（签 字）**  **1、眼 科**  **2、耳 鼻**  **喉 科**  **3、口腔科** |
| **左** | | | | | **视 力** | | | **左 矫正度数：** | | | | | | | | | | |
| **其 他**  **眼 病** |  | | | | | | | | | | **辨色力** | | | |  | | | | |
| **耳** | | **听 力** | **右 公尺** | | | | | | | | | | **耳 疾** | | | |  | | | | |
| **左 公尺** | | | | | | | | | |
| **鼻** | | **嗅 觉** |  | | | | | | | | **鼻及鼻**  **窦疾病** | | | | |  | | | | | |
| **颜面部** | |  | | | | | | | | | **咽 喉** | | | | |  | | | | | |
| **口 腔** | | **唇 颚** | | |  | | | | | | **门 齿** | | | | |  | | | | | |
| **其 他** | |  | | | | | | | | | | | | | | | | | | | |
| **外 科** | **身 长** | | **公分** | | | | **体 重** | | | **公斤** | | | | | **皮 肤** | | | |  | | | | **医师意见**  **签 字** |
| **淋 巴** | |  | | | | **甲状腺** | | |  | | | | | **脊 柱** | | | |  | | | |
| **四 肢** | |  | | | | | | | | | | | | | | | | | | | |
| **关 节** | |  | | | | | | | **平足** | | | | |  | | | | | | | |
| **其 他** | |  | | | | | | | | | | | | | | | | | | | |

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| **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** |  | | | | | | | | | |
| **肺 及**  **呼 吸 道** |  | | | | | | | | | |
| **心 脏 及**  **血 管** |  | | | | | | | | | |
| **腹 部**  **器 官** | **肝** |  | | | | | | | | |
| **脾** |  | | | | | | | | |
| **其 他** |  | | | | | | | | | |  |
| **化 验 检 查**  **（要附化验单据）** | | **血** |  | **肝 功** | | |  | | | | **尿** |  |
| **胸 部 放 射 线**  **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： （盖章）** | | | | | | | | | | |
| **复 审 意 见** | | **复审单位签字： （盖章）** | | | | | | | | | | |
| **备 注** | |  | | | | | | | | | | |