**天津市护士执业注册体检表**

体检医院名称： 体检日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | | |  | | | 性别 | | |  | 出生日期 | | | |  | | 近照  体检单位骑缝章 | |
| 工作单位 | | | |  | | | | | | | | | | | | |
| 出生地 | | | |  | | | | | | | 民族 | | | |  | |
| 既往病史 | | | |  | | | | | | | | | | | | |
| 家族史 | | | |  | | | | | | | | | | | | |
| 外科 | 甲状腺 | | |  | | | | | | | 脊柱 | |  | | | | 医师签字： | |
| 淋巴 | | |  | | | | | | | 四肢 | |  | | | |
| 肛门 | | |  | | | | | | | 关节 | |  | | | |
| 泌尿生殖器 | | |  | | | | | | | | | | | | |
| 其它 | | |  | | | | | | | | | | | | |
| 内科 | 血压 | | |  | | | | | | | | | | | | | 医师签字： | |
| 神经及精神 | | |  | | | | | | | | | | | | |
| 肺及呼吸道 | | |  | | | | | | | | | | | | |
| 心脏及血管 | | |  | | | | | | | | | | | | |
| 腹部器官 | | |  | | | | 肝 | | |  | | | | | |
| 脾 | | |  | | | | | |
| 其它 | | |  | | | | | | | | | | | | |
| 胸部X线透视 | | | |  | | | | | | | | | | | | 医师签字： | | |
| 心电图 | | | |  | | | | | | | | | | | | 医师签字： | | |
| 转氨酶 | | | |  | | | | 乙肝表面抗原 | | | | |  | | | 检验人员签字： | | |
| 五官科 | | 眼 | 视力 | 右 | | 矫正视力 | | | 右 | | | 色觉功能 | | 右 | | 其它眼疾 |  | 医师签字： | |
| 左 | | 左 | | | 左 | |
| 耳 | 听力 | 右 | | 耳疾 | | |  | | | | | | | | |
| 左 | |
| 鼻及鼻窦疾病 | | |  | | | | | | | | | | | | |
| 咽喉 | | |  | | | | | | | | | | | | |
| 其它 | | |  | | | | | | | | | | | | |
| 主检结果 | | 一、有无影响履行护理职责的疾病，残疾或者功能障碍，不适宜从事护理工作的疾病项目  上用“√”表示  1.甲、乙类传染病发病期 2.精神病史  3.身体残疾 4.健康状况不适宜从事护理工作  二、以下部分请在符合的项目上用“√”表示  1.健康或良好 2.一般或较弱 3.有慢性病  体检结论：  体检医院盖章： 年 月 日 | | | | | | | | | | | | | | | | | |
| 化验单、心电图粘贴处 | | | | | | | | | | | | | | | | | | | |

注：1.表中内容请体检单位如实工整填写，不得涂改，不得弄虚作假

2.体检后此表交注册机关。