附件2：

**体检暨《消防员职业健康标准》**

1、眼科（视力、辨色力）；

2、耳鼻喉科；

3、心电；

4、胸透；

5、彩超（肝、胆、胰、脾、甲状腺）；

6、化验：全血分析、血糖、尿检、乙肝五项、丙肝、肾功、梅毒、艾滋病、风湿系列、幽门螺杆菌检测。

体 格 检 查 表

编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 性别 |  | | | 出生年月 | | |  | | | | | | 一寸  照片 | |
| 文化 | |  | | | 成份 |  | | | 个人出身 | | |  | | | | | |
| 民族 | |  | | | 婚否 |  | | | 原籍 | | | 省 市 | | | | | |
| 外科 | 身长 | |  | | | 体重 | |  | | | | | 胸围 | |  | | | |  |
| 皮肤 | |  | | | 脊柱 | |  | | | | | 呼吸 | |  | | | |
| 泌尿生殖器 | |  | | | 四肢 | |  | | | | | 其它 | |  | | | |
| 疝 | |  | | | 肛门 | |  | | | | | | | | | | |
| 内科 | 营养状况 | | |  | | | | | | | 精神 | | |  | | | | |  |
| 心脏及血管 | | |  | | | | | | | 地方病 | | |  | | | | |
| 肺及呼吸道 | | |  | | | | | | | 血压 | | |  | | | | |
| 腹腔脏器 | | |  | | | | | | | 其它 | | |  | | | | |
| 五官科 | 视力 | | | 左 右 | | | 色  盲 | |  | | 晶  体 |  | | 咽  喉 | |  | 唇  腭 |  |  |
| 砂眼 | | | 左 右 | | |
| 眼疾 | | |  | | |
| 听力 | | | 左耳语 右耳语 | | | | | | | | 齿 | | 龋 齿 | | |  | |  |
| 耳疾 | | |  | | | | | | | | 齿脱落 | | |  | |
| 嗅觉 | | |  | | | 鼻疾 | | |  | | 齿槽脓肿 | | |  | |
| 透 视 | | | |  | | | | | | | | | | | | | | | |
| 化验 | | | |  | | | | | | | | | | | | | | | |
| 诊断意见  主治医师： 章  年 月 日 | | | | | | | | | | | | | | | | | | | |