**被调查人体检登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **日 期：** | | | | | | | | | **{time}** | | | |
| **被调查人代号** | | {daihao} | **性 别** | | | | {sex} | **年 龄** | | | {age} | |
| **既往病史** | | {jiwangbingshi} | | | | | | | | | | |
| **体格检查** | | **体温:**{tiwen} | | **血压:**{gaoxueya}//{xueya} | | | | | | **脉搏:**{xinlv} | | |
| {tigejiancha} | | | | | | | | | | |
| **化验检查** | | **随机血糖:** | | | {xuetang} | | | | | | | |
| **心电图:** | | | {xindiantu} | | | | | | | |
| **医生意见** | | {yijian} | | | | | | | | | | |
| **医 生：** | **{yisheng}** | | | | | **护 士：** | | | | | | **{hushi}** |