**人身检查记录**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **填表单位：**${a1} | | | | | | | **办案区使用单编号：**${a2} | | | |
| 姓名 | ${n1} | 性别 | ${n2} | 出生日期 | ${n3} | | 联系方式 | ${n4} |
| 身份证件  种类 | ${n5} | | | 身份证件号码 | ${n6} | | | |
| 家庭住址 | ${n7} | | | | | | | |
| 进入办案区原由 | 案件编号 | ${n8} | | 案由 | ${n9} | | | |
| 文书编号 | ${n10} | | 进入办案区原因 | ${n11} | | | |

**办案民警签字：**

|  |  |  |
| --- | --- | --- |
| **自述症状：**（既往病史、是否饮酒、是否患有传染性等疾病） | |  |
| ${n12} | |
| **检查情况：**（体表是否有伤痕、是否饮酒以及全身检查情况） | |
| ${n13} | |
| 检查民警签字 | 见证人签字 | 被检查人/监护人签字按印 |