|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 湖北省从业人员预防性健康检查表 | | | | |  |
| 检查日期： | |  | 身份证号： | |
| 姓名： | 性别： | 年龄： | 民族： | 工种： |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 即往  病史 | 病名 | | | | 肝炎 | 痢疾 | | 伤寒 | | 肺结核 | | 皮肤病 | 其它 |
| 患病时间 | | | |  |  | |  | |  | |  |  |
| 体  征 | 心 | |  | | | | | | 肝 |  | |  |  |
| 脾 | |  | | | | | | 肺 |  | |  |  |
| 皮肤 | | 手癣 | | | | 指甲癣 | | | | 手部湿疹 | | |
| 银屑(或鳞屑)病 | | | | 渗出性皮肤病 | | | | 化脓皮肤病 | | |
| 其它 | |  | | | | | | 医师签名 | | | | |
| X线胸透或  胸部拍片 | | 医师签名: | | | | | | | | | | | |
| 实化  验验  室单  检附  查后 | 检查项目 | | | | | | | 检查结果 | | | | 检查师签名 | |
| 大便  培养 | | | 痢病杆菌 | | | |  | | | |  | |
| 伤寒或副伤寒 | | | |  | | | |  | |
| 肝  功  能 | | | 谷丙转氨酶 | | | |  | | | |  | |
| 抗HAV-IgM | | | |  | | | |  | |
| 抗HEV-IgG | | | |  | | | |  | |
| 其它 | | | | | | | | | | | | |
| 检查结论：  主检医师签名： | | | | | | | | 健康检查机构意见：    （公章）  年 月 日 | | | | | |