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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | **XXX** | | | **性 别** | | **必填** | | **出生年月** | | **必填** | | **照**  **（一寸照片）**  **片** | |
| **民 族** | **必填** | | | **婚姻状况** | | **必填** | | **籍 贯** | | **福建XX** | |
| **联系电话** | **必填** | | | **通讯地址** | |  | | | | | |
| **申请资格**  **种类** |  | | | **身份证号** | | **必填** | | | | | |
| **请本人如实详细填写下列项目**  **（在每一项后的空格中打“√”回答“有”或“无”，如故意隐瞒，后果自负） 必填** | | | | | | | | | | | | | |
| **病名** | | **有** | **无** | | **治愈时间** | | **病名** | | **有** | | **无** | | **治愈时间** |
| **高血压病** | |  |  | |  | | **糖尿病** | |  | |  | |  |
| **冠心病** | |  |  | |  | | **甲亢** | |  | |  | |  |
| **风心病** | |  |  | |  | | **贫血** | |  | |  | |  |
| **先心病** | |  |  | |  | | **癫痫** | |  | |  | |  |
| **心肌病** | |  |  | |  | | **精神病** | |  | |  | |  |
| **支气管扩张** | |  |  | |  | | **神经官能症** | |  | |  | |  |
| **支气管哮喘** | |  |  | |  | | **吸毒史** | |  | |  | |  |
| **肺气肿** | |  |  | |  | | **急慢性肝炎** | |  | |  | |  |
| **消化性溃疡** | |  |  | |  | | **结核病** | |  | |  | |  |
| **肝硬化** | |  |  | |  | | **性传播疾病** | |  | |  | |  |
| **胰腺疾病** | |  |  | |  | | **恶性肿瘤** | |  | |  | |  |
| **急慢性肾炎** | |  |  | |  | | **手术史** | |  | |  | |  |
| **肾功能不全** | |  |  | |  | | **严重外伤史** | |  | |  | |  |
| **结缔组织病** | |  |  | |  | | **其他** | |  | |  | |  |
| **备 注：** | |  | | | | | | | | | | | |
| **受检者签字： （签名与日期体检当天填写）**  **体检日期： 年 月 日** | | | | | | | | | | | | | |