## 附件1 儿童入园（所）健康检查表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | 性别 | |  | 年龄 | | |  | | 出生日期 | | 年 月 日 | | | | |
| 既往病史 | | 1.先天性心脏病 2.癫痫 3.高热惊厥 4.哮喘 5.其他 | | | | | | | | | | | | | | | | | |
| 过敏史 | |  | | | | | | | | | 儿童家长确认签名 | | | |  | | | | |
| 体格检查 | 体重 | kg | | 评价 | |  | | 身长（高） | | | cm | | | 评价 |  | | | 皮肤 |  |
| 眼 | 左 | | 视力 | | 左 | | 耳 | | | 左 | | | 口腔 | 牙齿数 | | |  | |
| 右 | | 右 | | 右 | | | 龋齿数 | | |  | |
| 头颅 |  | | 胸廓 | |  | | | | | 脊柱四肢 | | |  | 咽部 | | |  | |
| 心肺 |  | | 肝脾 | |  | | | 外生殖器 | | | | |  | 其他 | |  | | |
| 辅助检查 | 血红蛋白(Hb) | | |  | | | | | | | | 丙氨酸氨基  转移酶(ALT) | | | |  | | | |
| 其他 | | |  | | | | | | | | | | | | | | | |
| 检查结果 | | |  | | | | | | | 医生意见 | | |  | | | | | | |
| 医生签名： 检查单位：  体检日期： 年 月 日 （检查单位盖章） | | | | | | | | | | | | | | | | | | | |