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| 姓名 |  | | | | | | | | | 性别 | | |  | | | | | 年龄 | | | | | |  | | | | | | 照 片 |
| 身份证号 |  |  | |  |  | | |  |  | |  |  | |  | |  |  | |  |  | |  |  | |  | |  |  | |
| 作业类别 |  | | | | | | | | | | | | 工种 | | | | |  | | | | | | | | | | | |
| 工作单位 |  | | | | | | | | | | | | | | | | | 联系电话（手机） | | | | | |  | | | | | | |
| 外科 | 身高 | | | | | | cm | | | | | | | | 四肢 | | |  | | | | | | | | | | | 医师意见  （签字）： | |
| 体重 | | | | | | kg | | | | | | | | 关节 | | |  | | | | | | | | | | |
| 内科 | 血压 | | 毫米 汞柱 | | | | | | | | 内脏 | |  | | | | | 心率 | | | | | | 次/分 | | | | | 医师意见  （签字）： | |
| 神经及  精神 | | | | | |  | | | | |
| 五官科 | 眼 | | 裸眼视力 | | | 左： | | | | | 矫正视力 | | 左： | | | | | 辨色 | | | 辨色力 | | | | |  | | | 医师意见  （签字）： | |
| 右： | | | | | 右： | | | | | 其他  眼疾 | | | | |  | | |
| 耳 | | 听力 | | | | | | | | 左： | | | | | | | 鼻 | | | 嗅觉 | | | | |  | | |
| 右： | | | | | | |
| 耳疾 | | | | | | | |  | | | | | | | 鼻及鼻窦疾病 | | | | |  | | |
| 申告  事项 | 本人如实申告（具有□，不具有□）下列疾病或者情况：  器质性心脏病□ 高血压□ 癫痫□ 眩晕症□ 恐高症□  美尼尔氏症□ 精神病□ 神经官能症□ 脑外伤后遗症□  （注：凡有以上疾病者均不得从事特种作业） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 体检  结论 | 医师意见（签字）： 体检单位（盖章）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**附件3： 北京市特种设备作业人员体检表**