**南投縣鹿谷鄉衛生所**

**一般體格檢查紀錄表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 檢查日期： | | | | | 年 月 日 | | | | | | | | | | | | 鹿衛體檢字第 號 | | | | | | | | | | | | |
| 姓 名 | |  | | | | | | | | | | | | | | | | | | | | | | | 照 片 黏 貼 處  (加蓋騎縫章) | | | | |
| 性 別 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 出 生 | |  | | | | | | | | | | 年 |  | | 月 | | |  | | 日 | | | | |
| 身份證字號 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 電 話 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 住 址 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 檢 查 紀 錄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.身 高： |  | | | | | | | | | 公分 | | | | | | 2.體 重： | | | | | | |  | | | | | 公斤 | |
| 3.身體質量指數(BMI)： | | | | | | | | | | |  | | | | | 4.腰 圍： | | | | | | |  | | | | 公分 | | |
| 5.血 壓： |  | | | | | | | | 毫米汞柱 | | | | | | | 6.脈 搏： | | | | | | |  | | | | 次/分鐘 | | |
| 7.辨色力： |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8.視力： | 裸視 | | | | | | | (右) | | | | | |  | | | | | (左) | |  | | | | | (雙眼) | | |  |
| 矯正 | | | | | | | (右) | | | | | |  | | | | | (左) | |  | | | | | (雙眼) | | |  |
| 9.頭頸檢查： | | |  | | | | | | | | | | | | | 10.胸部檢查： | | | | | | | |  | | | | | |
| 11.腹部檢查： | | | |  | | | | | | | | | | | | 12.四肢關節： | | | | | | | |  | | | | | |
| 13.皮膚檢查： | | | |  | | | | | | | | | | | | 14.其 他： | | | | | | | |  | | | | | |
| 15.胸部X光檢查： | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 16.加驗項目： | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 意見與建議： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 醫師簽章及證書字號 | | | | | | |  | | | | | | | | | | | | | | | 醫字第18412號 | | | | | | | |
| 醫療機構地址及電話 | | | | | | | 南投縣鹿谷鄉中正路二段20號 049-2752002 | | | | | | | | | | | | | | | | | | | | | | |

(蓋關防處)