2020德清莫干山竹海马拉松体检报告单

DOTHINK REAL EATATE•2109 DEQING MOUNT MOGAN INTERNATIONAL BAMBOO SEA MARATHON

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名  Name |  | | | | | 照片  Photo | |
| 性别  Gender |  | | 出生日期  Birthday |  | |
| 自述项目(必填) Self-reported items | | | | | | | |
| 病史  Medical History | |  | | | | | |
| 有无猝死家族史  Family history of sudden death | |  | | | | | |
| 必检项目 Physical Examination items | | | | | | | |
| 血压  Blood Pressure | |  | | | 心率  Heart Rate | |  |
| 心电图诊断  ECG diagnosis | |  | | | | | |
| 体检医院  Signed by hospital(盖章)： | | 日期Date（赛前半年内）： | | | | |  |
|  | | | | | | | |

体检医院要求：能开展相关项目有资质的医院（含专业体检机构和社区医疗机构）

关于医院盖章：使用各机构2020年体检报告的，可不盖章，但报告必须有医院盖章页，各项目内容页。