2024邯郸半程马拉松赛前体检表

Physical Examination Report

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| 姓名 Name | | | | | | | | 照片 Photo | |
| 证件号 ID Number | | | | | | | |
| 性别 Gender |  | 出生日期  Date of Birth | |  | | | |
| **自述项** **目** **Self-Reported** **Items** | | | | | | | | | |
| 病史  Medical History | | | 心梗□  高血压病史□ | | | 其他冠心病史□ 糖尿病史□ | | | |
| 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 | | |  | | | | | | |
| **推荐检查项** **目** **Recommended** **Physical** **Examination** **Items** | | | | | | | | | |
| 心脏超声诊断（彩超） UCG Diagnosis  Ultrasonic Cardiogram | | |  | | | | | | **医保** **项目** |
| 体检医院  Signed By Hospital （盖章） | | | | | | 检查日期 Date | | | |

体检医院要求：能开展相关项目有资质的二甲以上医院（含专业体检机构和社区医疗机构 ）。