2020年费县面向全县专业化管理村和城市社区党组织书记公开招聘乡镇（街道）事业单位工作人员进入体检范围名单

|  |  |  |
| --- | --- | --- |
| 序号 | 任职村（社区） | 姓名 |
| 1 | 朱田镇石沟村 | 孙玉红 |

附件2：

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ****姓 名**** |  | ****性 别**** | | |  | | | ****出生****  ****年月**** |  | | ****照****    ****片**** |
| ****民 族**** |  | ****婚姻状况**** | | |  | | | ****籍贯**** |  | |
| ****文化程度**** |  | ****联系电话**** | | |  | | | | | |
| ****职 业**** |  | ****工作单位****  ****（毕业院校）**** | | |  | | | | | |
| ****报考职位**** |  | | | ****身份证号**** | | |  | | | | |
| ****请本人如实详细填写下列项目****  ****（在每一项后的空格中打“√”回答“有”或“无”，如故意隐瞒，后果自负）**** | | | | | | | | | | | |
| ****病名**** | ****有**** | ****无**** | ****治愈时间**** | | | ****病名**** | | | ****有**** | ****无**** | ****治愈时间**** |
| ****高血压病**** |  |  |  | | | ****糖尿病**** | | |  |  |  |
| ****冠心病**** |  |  |  | | | ****甲亢**** | | |  |  |  |
| ****风心病**** |  |  |  | | | ****贫血**** | | |  |  |  |
| ****先心病**** |  |  |  | | | ****癫痫**** | | |  |  |  |
| ****心肌病**** |  |  |  | | | ****精神病**** | | |  |  |  |
| ****支气管扩张**** |  |  |  | | | ****神经官能症**** | | |  |  |  |
| ****支气管哮喘**** |  |  |  | | | ****吸毒史**** | | |  |  |  |
| ****肺气肿**** |  |  |  | | | ****急慢性肝炎**** | | |  |  |  |
| ****消化性溃疡**** |  |  |  | | | ****结核病**** | | |  |  |  |
| ****肝硬化**** |  |  |  | | | ****性传播疾病**** | | |  |  |  |
| ****胰腺疾病**** |  |  |  | | | ****恶性肿瘤**** | | |  |  |  |
| ****急慢性肾炎**** |  |  |  | | | ****手术史**** | | |  |  |  |
| ****肾功能不全**** |  |  |  | | | ****严重外伤史**** | | |  |  |  |
| ****结缔组织病**** |  |  |  | | | ****其他**** | | |  |  |  |
| ****备 注：**** |  | | | | | | | | | | |
| ****受检者签字：                                  体检日期：     年  月  日**** | | | | | | | | | | | |