云岩大队外聘人员摸底调查情况表

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| **本人基本情况** | | | | | | | | | | | | |
| 姓 名 |  | | 曾用名 | |  | | | 籍 贯 |  | 民 族 | |  |
| 出生年月 |  | | 身高  （cm） | |  | | | 体重（kg） |  | 头围  鞋码 | | 头围 |
| 鞋码 |
| 家庭住址（填写到门牌号） |  | | | | | | | | 文化程度 |  | | |
| 电子邮箱 |  | | | | | 微信号 | | |  | QQ | |  |
| 联系电话 |  | | | | | 适应岗位类型 | | |  | | | |
| 婚 否 | □已婚 □未婚 | | | | | 有无子女 | | |  | | | |
| 专业特长 |  | | | | | 兴趣爱好 | | |  | | | |
| 本人是否自愿献身消防事业 | | |  | | | 社会借贷情况 | | |  | | | |
| 本人是否持有驾驶执照 | | |  | | | 驾 龄  （实际驾驶车辆年限） | | |  | | 驾驶证准驾类型 | |
| A B C | |
| 是否恋爱 |  | | 恋爱对象  姓名 | | |  | | | 恋爱对象  QQ号 |  | | |
| 恋爱对象  电话号码 |  | | 恋爱对象  家庭住址 | | |  | | | | | | |
| **家庭基本情况** | | | | | | | | | | | | |
| 父亲姓名 |  | | 曾用名 | | |  | | | 联系电话 |  | | |
| 家庭住址 |  | | | | | | | | 出生年月 |  | | |
| 工作单位 |  | | | | | 身体状况 | | |  | | | |
| 母亲亲姓名 |  | | 曾用名 | | |  | | | 联系电话 |  | | |
| 家庭住址 |  | | | | | | | | 出生年月 |  | | |
| 工作单位 |  | | | | | 身体状况 | | | 健康 | | | |
| 兄弟、姐妹亲属基本情况及联系方式 | 姓名 | 关系 | | 联系电话 | | | QQ号码 | | | 家庭住址 | | |
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| **体检情况自查** | | | | | | | | | | | | | | | |
| 姓名（身份证号） | | | □□□□□□□□□□□□□□□□□□ | | | | | | | | | | | | |
| 有无贫血、哮喘 | | |  | | | 有无腰腿病 | |  | | | | | | 有无梦游 |  |
| 有无纹身 | | |  | | | 外观有无明显疤痕 | |  | | | | | | 有无痔疮 |  |
| 既往病史 | | |  | | | | | | | | | | | | |
| 眼 | 裸眼视力 | | | 左 |  | | | | | 右 | |  | | | |
| 矫正视力 | | |  | | | | |  | | | |
| 眼 疾 | | |  | | | | |  | | | |
| 色 觉 | | |  | | | | | | | | | | | |
| 耳  鼻  喉 | 听 力 | | | 左 |  | | | | | 右 | |  | | | |
| 耳 疾 | | |  | | | | |  | | | |
| 鼻及鼻窦 | | |  | | | | |  | | | |
| 内  科 | 呼吸 | 次/分 | | | 脉搏 | | 次/分 | | | | 血压 | | | / mmHg | |
| 发育及营养 | | |  | | | | | | | | | | | |
| 心肺功能 | | |  | | | | | | | | | | | |
| 肝、脾、双肾 | | |  | | | | | | | | | | | |
| 腹部查体 | | |  | | | | | | | | | | | |
| 辅助检查结果 | HIV抗体 | | |  | | | | | | | | | | | |
| 心电图 | | |  | | | | | | | | | | | |
| 肝肾功能 | | |  | | | | | | | | | | | |
| 乙肝两对半 | | |  | | | | | | | | | | | |
| 血常规 | | |  | | | | | 血型 | | | |  | | |
| 体检结果  建议 | 签名（手印）  年 月 日 | | | | | | | | | | | | | | |