**2018中国·桐乡马拉松赛体检表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名Name | | | | | | | 照片  Photo | | |
| 证件号ID Number | | | | | | |
| 性别  Gender |  | 出生日期  Birthday | | |  | |
| **自述项目 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 | | |  | | | | | | |
| **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2018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**。