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| 姓 名 |  | 性 别 |  | | | 出生日期 | | |  | | 立案时间 |  |
| 班 级 |  | 诊断（体弱原因） |  | | | | | | | | 结案时间 |  |
| 检查日期 | 年龄 | （患病情况）  症状与体征 | 体格检查与评价 | | | | | | | 治疗与管理措施 | | 医生签名 |
| 身高 | 体重 | W/A | | H/A | W/H | |
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**体弱儿管理登记表**

转归：痊愈、好转、转医院、未愈