|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**体弱儿管理登记表**

转归：痊愈、好转、转医院、未愈