**附件2**

重庆市专业应急救援涪陵支队江东大队队员招聘既往病史承诺书

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | 性别 | |  | |  | | 年龄 |  | 出生年月 | |  | |  |
| 籍贯 | |  | | 民族 | |  | |  | | 学历 |  | 政治面貌 | |  | |
| 身份证号 | |  |  | | | | | | | | 身高体重 |  | | | |
| 联系电话 | |  |  | | | | | | | | 籍贯 |  | | | |
| 家庭住址 | |  |  | | | | | | | | | | | | |
|  | 请本人如实详细填写下列项目  （在每一项后的空格中填写“有”或“无”，如有，填写治愈情况和时间。） | | | | | | | | | | | | | | | |
| 病名 | | 有或无 | | | 治愈情况 | |  | | 治愈时间 | | 病名 | | 有或无 | | 治愈情况 | 治愈时间 |
| 高血压病 | |  | | |  | |  | |  | | 糖尿病 | |  | |  |  |
| 冠心病 | |  | | |  | |  | |  | | 甲亢 | |  | |  |  |
| 风心病 | |  | | |  | |  | |  | | 贫血 | |  | |  |  |
| 失心病 | |  | | |  | |  | |  | | 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 | |  | | |  | |  | |  | | 新冠肺炎 | |  | |  |  |
| 静脉曲张 | |  | | |  | |  | |  | | 其他 | |  | |  |  |
|  | **本人承诺以上信息属实，身体条件能够满足招聘体能测试需要，如故意隐瞒将自行承担一切后果。**  **承 诺 人：**  **承诺时间：** | | | | | | | | | | | | | | | |