**申请教师资格人员体检表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓  名 | |  | | | | | 性 别 |  | | 出 生 | | | 年   月   日 | | | | | 半身一寸  脱帽照片  （教师资格认定办公室章） |
| 身份证号 | |  | | | | | | | | 民 族 | | |  | | 婚 否 | |  |
| 联系电话 | |  | | | | | 工作单位或  毕业学校 | | |  | | | | | | | |
| 现住所及通讯所 | | | | |  | | | | | | | | | | | | |
| 既往病史 | | 心脏病、肾炎、肝炎、关节炎、哮喘、精神病、癫痫、肺结核、胃病等  （                                                              ） | | | | | | | | | | | | | | | | |
| 以上由本人如实填写，学校及所在单位负责审核 | | | | | | | | | | | | | | | | | | |
| 五        官        科 | 眼 | | 视力 | | | 左 | | | | | | | | 色盲 | |  | | 医师签字 |
| 右 | | | | | | | |
| 矫正  视力 | | | 左 | | | | | | | | 其他  眼病 | |  | |
| 右 | | | | | | | |
| 耳 | | 听力 | | | 左          米 | | | | | 耳 疾 | | |  | | | | 医师签字 |
| 右          米 | | | | |
| 口鼻 | | 嗅觉 | | |  | | | 鼻及鼻窦 | | | | |  | | | |
| 口吃 | | |  | | | 咽喉 | | |  | | | | | |
| 唇颚 | | |  | | | 门齿 | | |  | | | | | |
| 颜面部 | | | | |  | | | 其他 | | |  | | | | | |
| 外      科 | 身高 | | | 公分 | | | | | 体重 | | | 公斤 | | | | | | 医师签字 |
| 淋巴 | | |  | | | | | 皮肤 | | |  | | | | | |
| 四肢 | | |  | | | | | 甲状腺 | | |  | | | | | |
| 关节 | | |  | | | | | 胸廓 | | |  | | | | | |
| 外貌  异常 | | |  | | | | | 脊柱 | | |  | | | | | |
| 平跖足 | | |  | | | | | 其它 | | |  | | | | | |

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| 内      科 | 血压 | 千帕           毫米汞柱 | | | | | | 医师签字 |
| 心率（次/分） |  | | | 发育及  营养状况 |  | |
| 肺及呼吸道 |  | | | | | |  |
| 心脏 |  | | | | | |
| 腹部B超 | 肝 |  | | | | |
| 脾 |  | | | | |
| 神经及精神 |  | | | | | |
| 其他 |  | | | | | |
| 妇科检查 | |  | | | | | | 医师签字 |
| 心 电 图 | |  | | | | | | 医师签字 |
| 胸部透视 | |  | | | | | | 医师签字 |
| 化验检查  （另附外验单） | | 肝功 | |  | 血糖 | |  | 化验员签字 |
| 申请幼儿园  教师资格加测  （另附化验单） | | 淋球菌 | |  | 梅毒螺旋体 | |  | 化验员签字 |
| 滴虫 | |  | 外阴道假丝酵母菌（念球菌） | |  |
| 体检结论 | | （填写合格、不合格两种结论，不合格的要注明原因。） | | | | | | 负责医师  签    字 |
| 体检医院  意    见 | | 医院公章                                    20    年    月    日 | | | | | | |